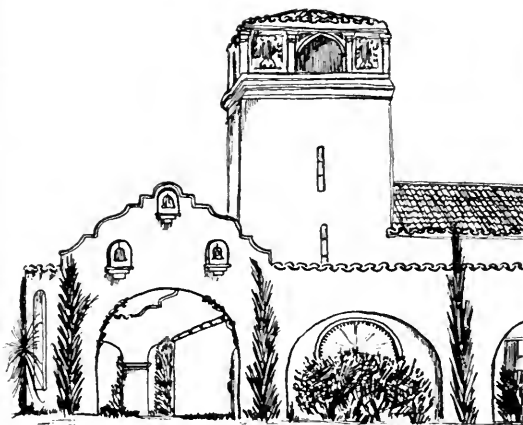


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We have nothing to mention in regard to the mode in which this work is to be used. It should be read and studied from beginning to end; that is all.

As this work is intended for practitioners generally, beginners as well as those who are more advanced in our practice, it may be proper to give a brief explanation of the various modes in which our medicines may be administered. We have nothing to say about the frequency or magnitude of the doses, as the reader will find that subject fully explained and inquired into in the body of the work. All that we wish to do in this place, is to inform the beginner of the various modes in which the medicines may be given to the patient.

Administration of the pellets.—Two or three pellets may be placed upon the patient's tongue, taking care, however, that the mouth should be well washed previously. If the complaint should be of such a nature as will evidently require more than one dose of the medicine, the pellets, seven or eight in number, may be dissolved in half a tumblerful of water, turning the solution some twenty times from one tumbler into another one backwards and forwards; the tumblers should be well cleansed and dried before using them; nothing fuzzy should be left hanging about them. Never use the same tumbler for two different kinds of medicine. Let not the solution be exposed to

31588

the light, keep the tumblers covered, and use a separate spoon for each medicine.

Administration of powders.—If the patient should prefer taking the medicine in powders, use one drop of the medicine to about twenty or twenty-five powders; a powder should not weigh more than one grain.

Administration of the tinctures.—The tinctures should always be given in water, one or two drops in a tumblerful, stirring the solution well.

Administration of the lower triturations.—No trituration below the third should be given in water, but always in one-grain powders.

Hahnemann's favourite mode of administering the remedies was this: he dissolved a few pellets in a tumblerful of water, in the manner which has been indicated above, and then mixed a tablespoonful of that solution with another tumblerful of water, turning the solution twenty or thirty times from one tumbler into another backwards and forwards. This double mixing is very often required with the tinctures. A simple mixture of the tincture will frequently be found inefficient, whereas a doubly-mixed tincture has the best effect, provided the remedy is the true one.

Any medicine which is taken in water should be turned five or six times from one tumbler into another, previous to taking a new dose.

CHARLES J. HEMPEL, M.D.

THE AUTHOR'S PREFACES

TO THE THREE EDITIONS OF THIS WORK,

CONDENSED INTO ONE.

FOR the last ten years the homœopathic science and art of healing has been considerably perfected in all its branches ; but no work has as yet been published which furnishes a systematic exposition of the treatment which ought to be adopted in the different diseases. This omission is probably owing in part to the inherent difficulty of the undertaking, and partly to Hahnemann having remarked that no treatment can be based upon the classification of diseases as adopted by the old school. I have never despaired of succeeding in completing a work containing a systematic exposition of the homœopathic treatment of disease, so much more as the phenomena which constitute the diseases, as described in allopathic books, are contained among the symptoms obtained by the provers of drugs, such as : asthma Millari, cholera morbus, fever and ague, and its varieties. It is the very plan which has been adopted by the author of homœopathy, of arranging the symptoms of a drug in one list, and of distributing them in groups, that has suggested to me the idea and arrangement of the present work. I trust I have rendered a service to beginners, by describing the general diagnostic characteristics of a disease at the commence-

ment of the chapter; the more particular indications for the special remedies have not been omitted.

My remarks on diagnosis, prognosis, etiology, classification of diseases, are necessarily very brief, and may call forth censure on the part of allopathic physicians. My object has been to furnish an accurate account of the homœopathic treatment of disease. As regards the generalities and the collateral sciences in medicine, I had a right to expect that every homœopathic practitioner should be thoroughly acquainted with them. Some allopaths may find fault with the distribution of the work; to such critics I have simply to observe that the distribution of the work has been a matter of secondary importance, and that my main object in adopting any classification of disease has been to establish points of reference which would facilitate the use of the work; the treatment and nature of diseases do not depend upon their classification. Certain diseases, which are considered chronic by allopathic physicians, have been transferred to the acute forms of disease; my reasons for making this change have been stated in treating of those diseases.

It is more than probable that indolent and indifferent practitioners will avail themselves of this work as a means of avoiding study and labour. To all such I would repeat the words of Pfeuffer, which may be found in his "Deceptions at the Sick-Bed." "Every case of disease, in spite of the physiognomic character which it may possess in common with other diseases, is an individual existence or form, upon which the dogmatism of the schools will be frequently wrecked. The power to individualize distinguishes the true physician from the routinier, whose rules and principles diminish as he advances in his practice."

The present work purports to be the mere outline of a future system of therapeutics, although such a system can never be made complete enough to give the beginners fixed rules for the treat-

ment of every case, inasmuch as every case ought to be considered a distinct affection which has never existed before in precisely the same form, and for which no remedy can be pointed out beforehand (except a few contagious and miasmatic diseases, such as: scarlatina, measles, smallpox, purple-rash, syphilis, etc.). This observation, which has been so frequently repeated by homœopathic physicians, ought to convince allopaths that their opponents cannot cure disease unless they possess the power to investigate the symptoms and the perceptible character of a disease with great accuracy, which they cannot do without a profound knowledge of anatomy, physiology, pathology, etc. Why then should homœopaths be called ignorant, as has so often been the case?

According to homœopathy, congestion, fever, inflammation, constitute the second phasis of a disease, which depends upon a morbid alteration of the nervous system. Starting from this ground I ought to have treated in the first place the affections of the nervous system; I have preferred preserving the common division of diseases, in order to avoid all unnecessary and embarrassing innovations. In describing the symptoms of diseases I have observed the following order: those of the irritable sphere first; next, those of the reproductive and sensitive sphere; and, lastly, some affections of the sexual organs, to which the diseases of females have been added, including the diseases of the female sexual organs.

The inflammatory affections of the male sexual organs will be found described in the chapter on blennorrhœa of the male urethra.

No essential changes have been made in the three editions of this work, except some changes in the arrangement of the materials and practical observations derived from my own experience and that of my friends. As regards the fundamental principles of our art, I can truly say, that I am more than ever convinced of their truth, and that I cherish particularly the great

principle of selecting a remedy in accordance with the perceptible phenomena of the disease. I have, moreover, become convinced, that Hahnemann was right in exacting the most minute examination of a case; although he has modified his original views in many respects, yet he has constantly insisted with an unyielding firmness upon the necessity of making a rigid examination. Homœopathy would perish, if we were to neglect that most important part of the treatment.

I have now practised homœopathy for twenty-eight years, and my practice has been very extensive. This long period has afforded me abundant opportunities of becoming aware, that our knowledge of the internal character of disease is yet very imperfect, and that we have not even yet discovered a corresponding simile for every disease. Nevertheless, I cannot chime in with the wild innovations of the pretended modern reformers of homœopathy. We should prove all things and hold fast to those that are good; but, on the other hand, we ought not to abandon a single rule or opinion, without having become convinced by rigid and impartial investigation, that it is either useless or erroneous.

F. HARTMANN, M.D.

LEIPSIK, Sept. 21st, 1846.

CONTENTS.

	Page
INTRODUCTION.	25
Fundamental Principle,	26
Proving of Drugs,	28
Investigation of the Symptoms,	29
Causa Occasionalis, Necessity of Investigating the,	31
Examination of a Case,	32
CLASSIFICATION OF DISEASES.	38
Diseases belonging to particular Ages,	39
“ “ Different sexes,	39
“ “ Trades and Professions,	40
“ Sporadic,	40
“ Endemic,	40
“ Epidemic,	41
“ Annual,	41
“ Stationary,	41
“ Intermittent,	41
“ Hereditary,	43
“ Congenital,	43
“ Acquired,	44
“ Primary,	44
“ Secondary,	44

	Page
Diseases, Contagious,	44
“ Miasmatic,	44
“ Acute,	45
“ Chronic,	45
“ of the Mind,	47

GENERAL THERAPEUTIC RULES. 50

Different Modes of Treatment,	52
Treatment, Specific,	52
“ Prophylactic,	52
“ Palliative,	53
“ Derivative,	56
“ Empirical,	57
“ Isopathic,	58
Dose, Magnitude of,	60
Dynamization,	61
Modus Operandi of our remedial agents,	71
Division of our remedies into antiphlogistics and antipsorics,	74
Repetition of doses,	77-79
Mixing the remedies,	78
Diet, General,	81

FEVER.

GENERAL REMARKS.

Common Symptoms of Fevers,	85
Causes of Fevers,	86
Critical Phenomena,	86
“ Sweat,	87
“ Rash,	88
“ Urine,	89

	Page
Changeable Urine,	89
Critical Hemorrhage,	90
Dangerous Hemorrhage in Fevers,	90-92
Critical Discharges from the Bowels,	93
“ Vomiting,	93
“ Expectoration,	93
“ Ptyalism,	94

GENERAL REMOTE CAUSES OF FEVER.

	94
Atmospheric Air,	95
Contagia,	95
Miasmata,	95
Passions and Emotions,	96
Derangements of the Intestinal Canal,	96
Want of Necessaries,	97

CLASSIFICATION OF FEVERS.

	97
Fevers, Synochal,	97
“ Synochus,	98
“ Typhoid,	98
“ Torpor,	98
Prognosis,	100
Terminations,	101
Diet,	102
Temperature,	103

SPECIAL PATHOLOGY OF FEVERS.

FIRST CLASS.

Synochal Fevers,	108
Pathology,	110
Treatment,	111

	Page
Fever of Dentition,	115
Teething, Pathology of,	116
Diseases occurring during the period of Teething,	116
Spasms and Convulsions,	120

SECOND CLASS.

Catarrhal Fever,	123
“ “ in Children,	133
Influenza,	135
Grippe,	136

THIRD CLASS.

Simple Rheumatic Fever,	140
-----------------------------------	-----

FOURTH CLASS.

Gastric Fevers,	151
Status Gastricus,	151
Saburral, Gastric, Bilious Fevers,	154
Mucous Fevers,	165
Status Pituitosus,	168
Worm Fever,	172
Tænia,	179-182
Febrile Conditions resembling Cholera,	182
Cholera, Sporadic,	184
“ Asiatic,	187
Dysentery,	202
“ Inflammatory,	206
“ Gastric,	208
“ Bilious,	209

	Page
Dysentery, Puitious,	209
“ Mucous,	210
“ Worm,	212
“ Putrid,	213
Diarrhœa,	214
“ Stercoralis,	215
“ Aquosa,	215
“ Biliosa,	217
“ Mucosa,	219

FIFTH CLASS.

Typhus,	220
Diagnosis,	221
Varieties of Typhus,	221
Typhus Cerebralis,	221
“ Abdominalis,	222
“ Pneumo-	222
Remote Causes of Typhus,	223
Prognosis,	224
Terminations,	224
Treatment,	225
Typhus Stupidus,	234
“ Gastricus,	238
“ Arising from other Diseases,	245
Diet in Typhus,	251
Typhus Putridus,	252
“ Contagiosus,	254
“ Pestilentialis,	255
Yellow Fever,	255
“ Typhus Lentus,	256

SIXTH CLASS.

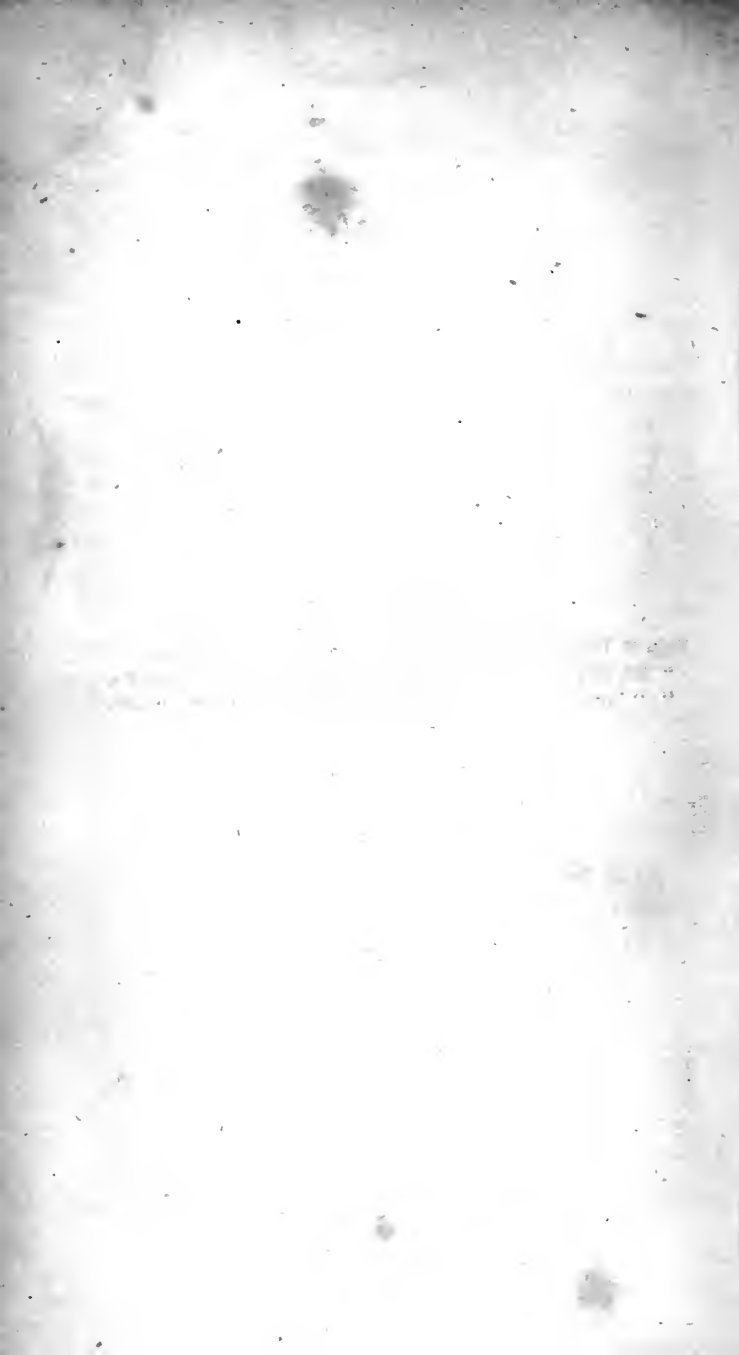
	Page
Intermittent Fevers,	258
Causes,	261
Treatment,	261
Endemic Intermittent Fevers,	261
Intermittent Headache,	268
Drug-Diseases,	269
China-Cachexia,	269

ERRATA.

Page 47, 11th line from the bottom—*after* originate *add* in psora.

“ 103, 16th “ “ “ top—for 25° read 57°, and for 45° read 77°.

“ “ 17th “ “ “ “ — “ 35° “ 67°, “ ‘ 33° “ 70°.



INTRODUCTION.

It is now more than fifty years since homœopathy was discovered by the profound and learned Dr. Hahnemann. Its claims and merits are now universally appreciated, and in spite of the intrigues and invectives of its opponents, it has succeeded in gaining the rank of an acknowledged science. It owes its triumph to the fact that the principles of homœopathy are generalizations established in the eternal and immutable household of nature. During the first twenty years of his discovery, Hahnemann was alone in cultivating and perfecting it; but after that period he formed disciples; physicians from the old school, who at first considered homœopathy a mere creation of the fancy, became converts to the new doctrine, and, at the present moment, it is triumphantly practised in every civilized country, and not only spreads farther and farther, but its intrinsic value is likewise being constantly enhanced by new discoveries. This success could only be accomplished by a mode of cure which is derived from the laws of nature, and is confirmed every day by the results of experience. But what will be the influence and extent of homœopathy when its practitioners shall have increased by thousands, and shall devote all their energies to the development of their art; heedful of the warning of their master, that no created spirit can penetrate to the causative principles of nature without substituting in their stead speculative and hypothetical explanations and opinions and receding more and more from the paths of nature? We may certainly hope, without being sanguine, that after the next fifty years, homœopathy will be far

ahead of any other system of cure. Be it remembered, however, that, in order to attain such brilliant results, all homœopathic practitioners ought to devote themselves to calm inquiry and rigid observation, and that their efforts in the great cause ought never to slacken.

However interesting it might be to our readers to glance in this place over a detailed account of the mode in which Hahnemann gradually arrived at the discovery and realization of his system, yet we prefer omitting the relation of facts with which our readers are abundantly familiar, and confine ourselves to stating the fundamental principles of homœopathy; these form a complete system of general therapeutics, and a correct knowledge of those principles is essential to the proper understanding and appreciation of the special principles of our treatment of disease.

The fundamental principle of homœopathy is expressed in these words: "*Similia similibus curantur*," which means, that only such remedies are capable of effecting a permanent and real cure as affect the healthy organism in a manner similar to the natural disease. This fundamental principle of cure was discovered by Hahnemann while he translated Cullen's *Materia Medica* (Leipsic, 1790), where his attention was arrested by the statements about the febrifuge power of Cinchona. Upon proving this drug on healthy persons, a state similar to fever and ague was realized in the provers, beside many other symptoms which had never been mentioned by any writer before. From this fact Hahnemann inferred what was afterwards confirmed as a great truth, that medicines are only in so far capable of curing disease as they realize in a healthy person a morbid state similar to the natural disturbance of the organism. Led by his experience, Hahnemann established the following rule for the further development of his system:

Prove the drugs upon healthy persons, in order to find out what systems and organs are principally affected by them and what are the symptoms characterizing

that affection. It is true that the necessity of such provings had been perceived by single physicians, and that partial provings have been instituted before Hahnemann; but they were never carried on systematically with a view of obtaining a correct knowledge of the curative powers of drugs and applying them to the treatment of disease according to a fixed general principle. The road of pure experimentation was soon abandoned by those physicians as too tedious and too little productive in brilliant results; their prejudices were likewise opposed to a systematic proving of drugs, and Hahnemann is therefore the first who has proclaimed and demonstrated the necessity of pure experimentation, who has furnished explicit and abundant rules for the proving of drugs, and who has furnished to the world the brilliant results of his own provings, which are the groundwork of homœopathy and a beacon-light and model for all homœopathic practitioners and pure experimenters.

However laborious and painful the road of pure experimentation may be, Hahnemann never dreaded the tortures and sacrifices which he encountered on that road, and, assisted by devoted disciples, he continued his provings and noted the symptoms which he obtained, with the utmost care. Provers of drugs ought to employ the greatest discretion and care in observing the drug-symptoms which they experience during the period of proving; and they ought moreover to observe a rigorous diet during all that time, lest the action of the drug should be impaired and the symptoms should become impure and untrustworthy. In proving, Hahnemann soon discovered that the drugs had a twofold effect, which he designates in his *Organon* by the terms of primary and secondary, and which had never been observed before by any physician. Without entering upon an explanation of that compound action, which may be found in the *Organon* and to which we therefore refer, we content ourselves with simply remarking, in this place, that the primary effect of the drug is sometimes seen in disease in the shape of a temporary exacerbation of the original symptoms.

Such an exacerbation, however, is much less frequent than is supposed. Most of the pretended exacerbations which are recorded in our books have been noticed by beginners in homœopathy, who had too little knowledge of disease and the effects of the remedies to be able to distinguish a natural from a medicinal exacerbation of the symptoms; or Hahnemann himself was carried away by his own enthusiasm; and his disciples were either too timid or too ignorant to correct the errors of his judgment; or the exacerbation might have been owing to the excessive magnitude of the dose or the non-homœopathicity of the remedial agent. We know that exacerbations may exist, but they are less frequent now than they were in the beginning of homœopathy, when every aggravation of the symptoms was supposed to be owing to the excessive magnitude of the dose. This error has frequently proved injurious to the patient inasmuch as it induced the omission of many things which ought to have been done and which are done by the present practitioners of homœopathy whose knowledge of the course, chances, transitions, and the general characteristics of disease, is much better than that of their predecessors. It is still more difficult to account for the exacerbation which is said to be produced by the recently-introduced highest potencies.

The proving of drugs affords a twofold advantage. In the first place the proving physician sharpens his power of observation and accustoms himself to notice the minutest symptoms of disease, every one of which ought to be of sufficient importance to the physician to embody it in his record of the case; and, in the second place, by proving the drug upon himself, he acquires a true perception of its curative powers, which, in his person, manifest themselves unbiassed and unmixed with the heterogeneous influences of other medicinal agents. How different is the homœopathic materia medica from that of the old school, which is a mere assemblage of impure and uncertain effects of drugs as observed at the sick-bed, and not of one drug at a time, but every drug being administered in company with a

variety of other drugs, and the whole being adorned with strange speculative views about the chemical, dynamic, clinical, mechanical and specific virtues of a drug. No sort of reliance can be placed upon such statements. If the *materia medica* of the old school is to be used with confidence, it must be constructed like our own, and, in that case, it will be merged in homœopathy; for the homœopathic law is confirmed in all cases where the pathogenetic effects of our drugs and the curative results which have been obtained by means of them, are compared with one another.

The investigation of the symptoms of a disease is the third fundamental rule in homœopathy. The importance of that investigation has been urged by Hahnemann with great force, because the proper selection of the remedial agent, and consequently the success of the treatment depend upon it. He recommends that the symptoms of the disease be noted with the same care and completeness as were the symptoms of the drug, and that the former be counterbalanced and effaced by the latter. This proposition has been attacked on all sides, and has been strangely misapprehended. It has been supposed, for instance, that Hahnemann neglected to take cognizance of the exciting cause, the *causa occasionalis* of the disease. The opponents of homœopathy have frequently charged that neglect upon our practice; but unjustly so, for every homœopathic practitioner knows, that, in many cases, the proper selection of the remedial agent depends exclusively upon a knowledge of that cause, inasmuch as the symptoms of two entirely different diseases may apparently be alike, and the difference can only be recognised by tracing the symptoms to the exciting cause. We will illustrate this by a few examples:

We know from experience that *Arnica* is most useful in diseases resulting from blows, contusions, wounds, strains, etc.—A man who has been drenched to the skin is frequently attacked with a variety of symptoms corresponding to those of *Rhus tox.*, which

it would be difficult to cure if the exciting cause were not known.—What physician would not give *Cocculus* against a febrile state characterized by flushed cheeks and nightly sleeplessness, if he knew that home-sickness was the exciting cause?—Fright occasions a great many symptoms for which we have specific remedies in our materia medica; *Ignatia* for grief, *Aconite* for a vexed and irritable mood, *Opium* for fear.—*Ignatia* is a sure specific for symptoms resulting from grief and chagrin; *Chamomilla*, on the contrary, is a specific for the consequences of chagrin, when accompanied with anger and vehemence.—It would be a long and difficult business to cure a derangement of the stomach, if the physician did not know the exciting cause; but it will be readily removed by a dose of *Pulsatilla*, if it had been occasioned by fat food, especially pork; by *Arsenic*, if it owes its existence to a cold in the stomach, to eating cold fruit, etc.—Physical and mental weakness resulting from blood-letting, hemorrhage, waking, night-sweats, onanism, venereal excesses, etc., finds a specific in China, provided the weakness is the principal suffering, and not a mere symptom of a more general and deeper-seated disease.—Diseases resulting from want of exercise, yield to *Nux*; but could they be cured as readily if the exciting cause were not known?—*Dulcamara* is the specific for diarrhœa, with or without colic, occasioned by cold, and sometimes accompanied with swelling of the glands.—A homœopathic physician who is acquainted with the pure effects of *Chamomilla*, *Mercurius*, *Sulphur*, *China*, *Valeriana*, *Iodine*, etc., will never prescribe those remedies without inquiring in the first place whether the symptoms have not been occasioned by the excessive use of those substances, in which case he would administer suitable antidotes.—Would it be easy to cure the sufferings resulting from the excessive use of ardent spirits, if the exciting cause were not known? It would not, if the physician were ignorant of the exciting cause, and of the pure effects of *Nux vom.*, which correspond to the symptoms occasioned by spirituous drinks.

These examples, which might be multiplied by many more, will suffice to show the importance of investigating the *causa occasionalis*, and will at the same time silence the accusation of our opponents, that the investigation of the *causa occasionalis* is neglected by practitioners of our school.

Homœopathic physicians know just as well as the physicians of the old school, that the visible symptoms of a disease are accompanied with changes in the internal organism, which are considered the essence of the disease by allopathic physicians. Homœopathic physicians, however, do not believe, that we can have a sufficiently clear perception of those changes to base upon them our principles of cure. Homœopathic practitioners are guided by the visible symptoms in selecting the appropriate remedial agent; without denying the existence of the first cause of the disease they observe with especial care the symptoms of the disease, and consider them sufficient indications of cure. Homœopathy accepts the symptoms which we are now able to obtain by means of auscultation and percussion, and which aid us in establishing a correct diagnosis; by means of auscultation and percussion, and even by the investigation of the pathological changes, we obtain a more accurate knowledge of the internal phenomena of the disease, and avail ourselves of that knowledge wherever we can improve and complete, by its means, the application of our therapeutic law. In order to apply this law to the pathological phenomena we shall have, in the first place, to ascertain what drugs will produce similar phenomena in the healthy organism. We need not to mind the reproach of curing merely by symptoms; years of experience have sufficiently shown that a disease is cured when its symptoms cease to exist.

The investigation of the symptoms of the disease requires to be made with the greatest care and correctness; not even the slightest symptom ought to be omitted. On taking such a record of the symptoms, every case of disease will necessarily appear as a distinct, individual case which has never occurred be-

fore. This explains why Hahnemann denied the validity of all nosological classifications, as a means of cure, and admitted their use only for the purpose of collecting the symptoms under one general denomination. In the present work we have retained the pathological denominations, because we are persuaded that they facilitate the study of homœopathy to the beginner ; we have indicated, however, with as much care as we were able, the specific remedies for the various groups of symptoms occurring in a disease ; and we expect, therefore, that we be not blamed for having made this arrangement.

Hahnemann insisted upon every record being taken in writing, lest symptoms should be forgotten by the physician. An examination instituted by a homœopathic physician is much more minute than an examination instituted by an allopath ; this one neglects to take cognizance of various exciting causes which require the administration of peculiar specifics in homœopathic practice.

“ § 83. This examination of a particular case of disease, (says Hahnemann,*) with the intent of presenting it in its formal state and individuality, only demands, on the part of the physician, an unprejudiced mind, sound understanding, attention and fidelity in observing and tracing the image of the disease. I will content myself, in the present instance, with merely explaining the general principles of the course that is to be pursued, leaving it to the physician to select those remedies which are applicable to each particular case.

“ § 84. The patient details his sufferings ; the persons who are about him relate what he has complained of, how he has behaved himself, and all that they have remarked in him. The physician sees, hears, and observes, with his other senses, whatever there is changed or extraordinary in the patient. He writes all this down in the very words which the latter, and the persons around him, made use of. He permits

them to continue speaking to the end without interruption,* except where they wander into useless digressions, taking care to exhort them, at the commencement, to speak slowly, that he may be enabled to follow them in taking down whatever he deems necessary.

“* Every interruption breaks the chain of ideas of the person who speaks, and things do not afterwards return to his memory in the same shape he would at first have described them.

“§ 85. At each new circumstance related by the patient or the persons present, the physician commences another line, in order that the symptoms may all be written down separately, and stand one beneath the other. By this mode of proceeding, he will be enabled to add to that which has, in the first instance, been related to him in a vague manner, any thing he may subsequently acquire from a more accurate knowledge of the case.

“§ 86. When the patient and those about him have finished all they had to say, the physician then asks for more precise information with regard to each individual symptom, and proceeds as follows:—He reads over all that has been communicated to him, and asks at each particular symptom, for example—At what epoch did this or that circumstance occur? Was it previous to the use of the medicines which the patient has taken till the present time, or while he was taking them, or only a few days after he had discontinued their use? What kind of pain, what particular sensation was it that was felt in such or such a part of the body? Which the precise spot that it occupied? Did the pain come on in separate attacks at intervals, or was it lasting and uninterrupted? How long did it continue? At what hour of the day or night, and in what part of the body, was it most violent, or where and when did it cease entirely? What was the precise nature of this or that particular circumstance or symptom?

“§ 87. Thus the physician causes all the indications which were given in the first instance to be described to him more closely, without ever appearing, by his

manner of putting the question, to dictate the answer,* or place the patient in such a position that he shall have nothing to reply but yes or no to his question. To act otherwise would only lead the person interrogated to deny or affirm a thing that is false, or only half true, or even wholly different from that which has really occurred, according as it may suit his convenience, or for the purpose of gratifying the physician. An unfaithful description of the disease would then result, and, consequently, an inappropriate choice of the curative remedy.

“ * For instance, the physician ought never to say—‘ Did not such or such a thing take place in this manner ? ’ By giving this turn to his questions, he puts a false reply into the mouth of the patient, and draws from him a wrong indication.

“ § 88. If in this spontaneous narrative no mention is made of several parts or functions of the body, and of the state of mind of the patient, the physician may then ask if there is not something more to be said respecting this or that particular part or function, or relative to the disposition and state of mind,† taking care, at the same time, to confine himself to general terms, in order that the person who furnishes the explanation may, thereby, be constrained to answer categorically upon these various points.

“ † For example—Has the patient had an evacuation from his bowels ? How does he pass water—freely or otherwise ? How does he rest by day and by night ? What is the state of mind and temper of the patient ? Is he thirsty ? What kind of taste has he in the mouth ? What kinds of food and drink are most agreeable to him, and which are those he dislikes ? Do the different articles taste as usual, or have they another taste that is wholly different ? How does he feel after meals ? Have you any thing more to tell me relative to the head, belly, or limbs ?

“ § 89. When the patient (for it is to him we are to refer, in preference, for every thing that relates to the sensations he experiences, except in diseases where concealment is observed) has thus personally given the necessary details to the physician, and furnished him with a tolerable image of the malady, the latter is then at liberty to question him more specifically if

he finds he is not yet sufficiently informed on the subject.*

“For example—How often have the bowels been evacuated, and what was the nature of the discharges? Did the whitish discharges consist of mucus or *fæces*? Were they painful or otherwise? What was the precise nature of these pains, and in what part were they felt? What did the patient throw up? Is the bad taste in the mouth putrid, bitter or acid, or what kind of taste is it? Does he experience this taste before, during, or after eating or drinking? At what part of the day does he feel it in particular? What kind of taste was connected with the eructation? Is the urine turbid at first, or does it only become so after standing a while? Of what colour was it at the time of emission? What was the colour of the sediment? Is there any peculiarity in the state of the patient when he sleeps? Does he sigh, moan, speak, or cry out? Does he start in his sleep? Does he snore in inspiration or expiration? Does he lie on his back only, or on which side does he lay himself? Does he cover himself up close, or does he throw off the bed-covering? Does he easily awake, or does he sleep too soundly? How does he feel on waking? How often does this or that symptom occur, and on what occasion? Is it when the patient is sitting up, lying down, standing up, or when he is moving about? Does it come on merely when he has been fasting, or at least early in the morning, or simply in the evening, or only after meals, or if at other times, when? When did the shivering come on? Was it merely a sensation of cold, or was he actually cold at the time? In what part of the body did the patient feel cold? Was his skin warm when he complained of being cold? Did he experience a sensation of cold without shivering? Did he feel heat, without the face being flushed? What parts of his body were warm to the touch? Did the patient complain of heat without his skin being warm? How long did the sensation of cold, or that of heat, continue? When did the thirst come on? During the cold or heat? Or was it before or after? How intense was the thirst? What did the patient ask for to drink? When did the perspiration come on? Was it at the commencement or at the expiration of the heat? What space of time elapsed between the heat and the perspiration? Was it when sleeping or waking that it manifested itself? Was it strong or otherwise? Was the perspiration hot or cold? In what parts of the body did it break out? How did it smell? What did the patient complain of before or during the cold, during or after the heat, during or after the perspiration, &c.?

“§ 90. All the answers being committed to writing, the physician then notes down what he himself observes in the patient,† and endeavours to ascertain if that which he observes existed or not when the latter was in health.

* Nothing is more unpleasant for a physician, than an incomplete or even incorrect image of the disease. If he have an incorrect impression of the disease in the beginning of the treatment, he will find it difficult to correct that impression while the treatment is going on. He will never be able to select the proper remedy for the disease, and his treatment will necessarily fail.—HARTMANN.

“† For example—How he behaved during the time of the visit. Was he, irritable, peevish, quarrelsome, hasty, grieved, anxious, despairing, sad calm, or resigned? Did he appear overcome with sleep, or lost in reverie? Was he hoarse? Did he speak low? Was his discourse incoherent, or how was it? Of what colour was the countenance, the eyes, and the skin, generally? What degree of vivacity was there visible in the face and eyes? How was the tongue, the respiration, the smell from the mouth, or the hearing? Were the pupils of the eyes dilated or contracted? Did they contract and dilate quickly in light and darkness, and in what degree? What was the state of the pulse? * What was the condition of the abdomen? Was the skin moist and warm, cold or dry, upon this or that part of the body, or was it so all over? Did the patient lie with his head thrown back, with his mouth wholly or half open, with his arms crossed above his head; was he on his back, or in what position was he? Did he raise himself with difficulty? In short the physician is to keep notes of every thing he has observed that is strange and remarkable.”

After having taken down an exact record of the symptoms of a case, it is essential to investigate the *causa occasionalis*, be it a permanently existing, material or an immaterial, dynamic cause, having ceased to be present. We further require to consider the business of the patient (whether the disease be occasioned by it), his moral disposition, mode of life. We ought to inquire whether the patient is moderate in eating and drinking, in his amusements, or whether he has imposed upon himself hurtful privations? whether he has injured himself by venereal excesses? We have further to ascertain whether disappointed love, jealousy, domestic quarrels, chagrin, grief, abusive treatment, suppressed vengeance, humbled pride, loss of property, etc., have been instrumental in occasioning the disease?

A correct knowledge of the hereditary disposition, age and temperament of the patient is likewise of great importance. If the patient be a female, the physician has to inquire into the condition of the menses, whether the menstrual period is too long or too short, how many days the menses flow, whether they flow uninterruptedly or at intervals, whether they are copious or scanty, of what colour, whether they

* The physician examines the pulse, the condition of the heart, whether it beats normally or abnormally, the chest, the abdomen, and does not neglect any of the manipulations or instruments by means of which the internal phenomena of the disease are more or less correctly ascertained.—HARTMANN.

are accompanied, preceded or succeeded by leucorrhœa? Whether they are accompanied with moral or physical sufferings, and what are the peculiar pains and sensations which manifest themselves before, during, or after the appearance of the menses? What is the appearance of the leucorrhœal discharge, with what sensations it is accompanied, whether it is abundant or scanty, and under what circumstances or by what causes it is especially excited? Whether the patient is sterile, or whether she has been pregnant and how often? Whether she has miscarried? What was the condition of her breasts, milk, etc.? What is the strength of her sexual desire? In diseases of the sexual organs the physician ought always to institute an examination of the parts both internal and external.

Inquiry ought to be made about the diseases with which the patient may have been afflicted previously, both in acute and chronic diseases, especially, however, in the latter, with a view of ascertaining whether preceding diseases have led to the present malady, or to what an extent they complicate it. An inquiry into the previous diseases of the patient sometimes leads us to a correct knowledge of the disease in chronic cases, and even helps us in selecting the remedies which we ought to use in the treatment of those cases. Although we do not admit that seven-eighths of all chronic diseases owe their existence to the psoric miasm, yet it is undoubtedly true that the suppression of a previous cutaneous eruption, scabies, herpes, tinea, scrophulosis, etc. induces a vast number of chronic diseases which make their appearance shortly after the eruption had been suppressed, the assertions of many great doctors to the contrary notwithstanding, who pretend that the itch is a mere external disease which is caused by the *acarus* and can be cured by simply destroying that insect by any, even mechanical means. The homœopathic physician cannot accept such theories, although he may, on the other hand, feel justified in believing that Hahnemann goes too far in considering the psoric miasm as a morbid

principle which is coeval with mankind and has affected more or less every organism. One thing is certain, the influence which previous diseases may have upon the present one, has to be carefully investigated.

If, in examining a patient, the physician should discover symptoms pointing to the use of a certain drug which is frequently employed in domestic and allopathic practice, it is the physician's duty to inquire whether large doses of that drug have not already been taken. Such drugs are: Valerian, Chamomile, Mercurius, and mercurial preparations used either internally or externally, Iodine and Iodine ointment, Sulphur, Opium, China and Quinine, Digitalis, Prussic acid, Cathartics, etc.

If any, especially an acute disease should prevail, its character or genius requires to be noticed with care, inasmuch as it will influence more or less the character of the disease which we are called upon to treat and may be a clue to the practitioner for the selection of the adequate remedial agent.

To institute in every, even trivial case, such a rigorous examination as has been here described, would involve a useless loss of time and would be very fatiguing to the patient. Our intention has simply been to state what sort of an examination should be made in a complicated case, leaving it to the intelligent and conscientious physician to condense the examination as much as a judicious appreciation of the case by means of his physiological, pathological and therapeutic knowledge will permit. A carefully instituted examination is the touchstone of a true artist in homœopathic practice.

This is perhaps the best place to say a few words about the

CLASSIFICATION OF DISEASES.

A classification of diseases has not so much value in reference to therapeutics as to the investigation of the character of the disease.

We may divide diseases in reference to the individuality of the patients into

(a.) *Diseases belonging to peculiar ages* (morbi ætatum), which may be either acute or chronic. Owing to the extreme irritability of the childish organism, it is peculiarly liable to spasmodic sufferings; the reproductive system being principally active in the child, it must be subject to diseases which are principally seated in the lymphatics; the disturbances which occur in the reproductive system, maintained and increased by the want of irritability and by the inactivity of the lymphatics, are characterized by congestion to the brain in the form of epistaxis, meningitis, hydrocephalus, typhoid symptoms of various kinds, scrophulosis, helminthiasis, etc. In a more advanced age, when the vitality of the thoracic organs is developed in a superior degree, congestion of the lungs is a prevalent condition, inducing a corresponding predisposition to pulmonary diseases; in this age the sexual organs develop themselves and the passions connected with that development begin to be felt, and, if satisfied to excess, lead to various diseases peculiar to this second period of life. The smallest number of diseases occurs in the period when the human organism is fully and harmoniously developed. As man advances in age, the abdominal organs are principally affected, hence atony of the intestinal canal, hypochondria, hæmorrhoids, gout, etc. are the principal diseases of that period. Old age, when all the moral and physical energies of man are on the decline, is especially predisposed to paralysis of every kind, deafness, blindness, apoplexy, asthma, paralysis of the lungs, affections of the bladder, etc. Diseases affecting the organism during a transition period (which may be said to occur every seventh year,) are of a higher importance on account of the development which the organs undergo during that period.

(b.) *Diseases belonging to the different sexes* (morbi sexus). The difference which prevails in the character and degree of the irritability, sensibility and reproduction of the female and the male organism and

in the physical as well as psychical tendencies of the two sexes, makes each of them liable to peculiar diseases. Suffice it to mention the various nervous diseases to which women are subject; the diseases depending upon the peculiar sensitiveness and irritability of the female temperament; the various diseases affecting the reproductive system of the female organism, such as tuberculosis, carcinoma, scirrhus, etc.

(c.) *Diseases belonging to particular classes and trades.* Rich people, who are accustomed to rich and luxurious living and spend their life in idleness and ennui, are liable to derangements of the abdominal organs and consecutive diseases, such as gout etc., whereas the poor are affected with diseases resulting from an impoverished reproduction. Tanners are subject to dropsies; type-founders, miners, potters to tabes metallica; tailors and workers in wool to scabies; compositors and printers to œdema of the feet and varicose conditions; chimney-sweeps to gangrene of the genital organs; stone-cutters, hair-dressers, millers to pulmonary phthisis; washerwomen to dropsy; literary men who lead a sedentary life, to diseases of the abdominal organs; mariners and fishermen to scurvy, anasarca, etc.

What has been said in the preceding paragraphs, is sufficient to show all the essential points which the physician ought to be informed about in order to obtain a correct knowledge of the origin and course of the disease, and even the internal changes which characterize it; that knowledge being indispensable to a sure and successful treatment.

Diseases may also be classed according to the region over which they spread. We have

(a.) *Sporadic* (morbi sporadici), or diseases which depend upon meteoric or telluric miasmata and affect only single individuals who happen to be predisposed for such diseases at the time when they are prevalent;

(b.) *Endemic* (morbi endemici). These diseases are confined to a definite and often very limited region; they are distinguished from the former by being de-

pendent upon the situation of a place and its surrounding region, upon the climate, the condition of the atmosphere, winds, soil and water, upon the mode of life of the inhabitants, food, social life. Every place may therefore have diseases which are peculiar to it; it is a remarkable fact that apparently identical diseases which prevail in places not very distant from one another, require the application of different remedies in the different places.

(c.) *Epidemic* (morbi epidemici). These diseases are closely related to the former, with this difference, that they prevail at periods in a greater or lesser extent of country, and affect all ages and sexes indiscriminately; they depend upon a cause of atmospheric or cosmic origin, generally upon a miasm which becomes contagious among crowded masses and then spreads so much more rapidly and over a larger surface.

(d.) *Morbi annui*. These are diseases which prevail at particular periods of the year, in the spring, summer, fall or winter. In the winter inflammatory diseases are prevalent, whereas the prevalent diseases in spring are rather of a catarrhal nature. The fall diseases are characterized by gastric-pituitous symptoms, and those of the summer-season have moreover a typhoid character. This class of diseases is evidently affected by sudden changes in the weather.

(e.) *Morbi stationarii*. It is of great importance to a physician to know what peculiar character a disease is disposed to assume in a place. This topical influence modifies the character of the above-mentioned diseases more or less. It prevails during a shorter or longer number of years, abates gradually, finally disappears entirely and returns after an indefinite period.

(f.) *Morbi intercurrentes*. These are diseases which depend upon causes entirely different from those that occasion the prevailing disease; but they frequently ingraft their character upon the latter, and, by so doing, are apt to transform a naturally mild disease into a dangerous and malignant one.

To this classification of diseases we shall add a few indications which are of great use in examining a patient. In investigating the symptoms of an epidemic or sporadic disease, it makes no sort of difference whether a similar disease has existed previously. The previous disease has no sort of influence upon the present epidemic, which requires to be thoroughly investigated as an entirely new, unknown disease of a peculiar kind. Hahnemann teaches that even measles, smallpox, scarlatina, rubeola, etc. are not exempt from that rule; these diseases depend, it is true, upon the same miasm, but the form of the eruption only remains the same. In all those diseases there is an essential difference as regards the systems which are principally affected, the concomitant symptoms, the prognosis, and the course and termination of the disease.

The physician frequently requires to investigate two or three cases of an epidemic disease before he succeeds in obtaining a correct idea of the totality of the characteristic symptoms which scarcely ever exist together in one case; but even an incomplete knowledge of those symptoms will enable him to administer a remedy with more certainty than an allopathic physician could do. However, although he may feel sure that he has given a remedy which corresponds as nearly as possible to the symptoms so far as he knows them, yet he ought to make it his duty to observe every new case with the same unremitting attention, in order to finally complete his group of the characteristic symptoms of the disease and to be sure that he has selected the true specific remedy.

In thus observing an epidemic disease, the general symptoms, such as loss of appetite, want of sleep, eructations, etc., will be specially and correctly noticed, and the characteristic particular symptoms of the epidemic disease will be found to constitute a limited and rarely-occurring group. These symptoms all originate in the same cause, but their totality can only be known by observing several patients of different constitutions and temperaments.*.

* See Organon, § 100-102.

Stationary diseases likewise require a correct and thorough investigation of all the symptoms which can only be known by observing a number of patients and we will often find that the whole group of symptoms indicates a different remedy from what we might have selected after a merely superficial investigation of the disease. This scrupulous investigation is of essential benefit in intercurrent diseases, where the characteristic symptoms frequently point to the same remedy which corresponds to the symptoms of the stationary diseases in that region.

According to their origin, diseases may be divided into
(a.) *Hereditary* (*morbi hereditarii*). These are diseases which have existed in a family for generations past. We have an hereditary scrofulous, hæmorrhoidal, phthisical, apoplectic, etc. disposition, which develops itself in spite of the utmost care in removing all hurtful influences, and frequently leads to the dissolution of the organism, baffling the best directed efforts of the physician.

If the physician should have reasons to suspect the existence of an hereditary disposition, he ought to inquire whether any of the ancestors, parents, brothers, sisters have been affected with a similar disease, or have died with it. If this should be so, he will be much better able to express a correct opinion in regard to the prognosis and to the chances of a cure.

(b.) *Morbi congeniti*. These diseases generally depend upon malformations with which the individual was born.

(c.) *Morbi acquisiti*. These are diseases for which the patient had no particular predisposition, but which he brought upon himself by exposing himself for a length of time to hurtful influences, for example: taking hurtful beverages and nourishment, indulging excesses of various kinds which gradually undermine health, being constantly deprived of the necessary means of subsistence, living in unwholesome, marshy regions, or in cellars and close apartments, being deprived of exercise or open air, indulging excessive

physical or mental exertions, being continually agitated by unpleasant moral emotions, etc.

No psoric miasm is required to develop such diseases. According to Hahnemann such diseases disappear of themselves if they have not excited a chronic miasm.

(d.) *Primary diseases* (morbi primarii, protopathici). These are diseases which result immediately from noxious influences, whereas the *secondary, consecutive diseases* (morbi secundarii, deuteropathici,) arise from a malady which is already existing. This class of diseases requires no special definition, as their name indicates their character.

(e.) *Contagious and miasmatic, and non-contagious and non-miasmatic diseases.* A contagium, whether it be originally formed in man or in any other kind of organic body, in animals or plants, is a material substance, the original and exclusive product of a morbid condition of the organism and possessing the power of infecting other individuals of the same kind with an identical or at least very similar disease and of spreading in this way to remote regions. A contagium being dependent upon meteoric and telluric influences, it is most easily developed in times of war, famine and inundation, producing hospital, dungeon and yellow fever, typhus, etc.

A *miasm*, on the contrary, is a volatile deleterious substance, the chemical composition of which is unknown, which spreads through the atmosphere and incorporates itself with it with more or less tenacity. A miasm frequently arises from decayed organized bodies and from the exhalations of sick persons. People who are forced to live in such a deleterious atmosphere, are necessarily exposed to its influence. Considering the multitude of vitiated exhalations which are concentrated in many places where people have to live, it cannot appear strange that the number of miasmatic diseases should be very considerable. Miasm and contagium frequently go hand in hand, one producing the other, as is the case in smallpox.

The division of diseases into *local* and *constitutional* is without any practical value. Every physician knows that the so-called local diseases are much more speedily removed by internal remedies than by external applications; we need but remind the reader of syphilis, sycosis, plica polonica, etc. The fearful diseases which frequently break out after the pretended local affection had been suppressed by external means, show that this apparently local symptom was a sort of vicarious concentration of the internal constitutional disease which was held in a latent state as long as the local symptom continued upon the skin. How is it possible that a simple ulcer on the finger should not only remain uncured under the merely external surgical treatment, but that it should even assume the dangerous form of a phagedenic ulcer, if it were not the local vicarious expression for an internal dyscrasia. It is self-evident that an apparently local affection which does not owe its existence to an external cause, must depend upon a coexisting disturbance of various organs and tissues; the local affection, even if it had been produced by a merely local external cause, cannot exist for any length of time without affecting the whole organism, as we see in the case of a burn, a toothache proceeding from a carious tooth, etc.

The division of diseases into *acute* and *chronic* is of particular importance to us, for this reason, that we have made that division the basis of the arrangement which we have adopted in the present work. To each of those divisions we have devoted a special volume.

Acute diseases are sudden disturbances of the vital force, characterized by the greater rapidity with which they run through their course and by the powerful reaction which takes place in the vascular system. In treating such diseases, it is a matter of course that wherever we know the cause from which they arise we ought to remove it if we can.

Chronic maladies frequently arise from a disturbance of the ~~vital~~ force, which is seated in the vegeta-

tive system. A concealed dyscrasia affecting that system is frequently the cause of the obstinacy with which those diseases cling to the organism. According to Hahnemann, chronic diseases invade the organism, each in its own peculiar manner, the invasion being scarcely or not at all perceived, in the commencement and gradually overpowering the vital force, so that it is only able to offer an inadequate resistance, allowing the malady to increase, until it finally destroys the organism. Starting from the definitions which we have given of acute and chronic diseases, it will be found easy to draw a line of separation between them, especially if we admit Hahnemann's theory that all chronic diseases derive their existence from some miasm; a theory, which seems to be somewhat inconsistent with Hahnemann's previous condemnation and rejection of all theories and speculations about the essence of disease and the relation existing between it and the changes in the body. We have already stated above that a number of diseases may exist without depending upon a psoric miasm, and Hahnemann seems to have had a similar idea inasmuch as he designates them spurious or improper chronic diseases. He accepted three fundamental forms of chronic diseases: *psora*, *syphilis* and *sycosis*; from these three fundamental chronic miasms all chronic diseases derive their origin, seven-eighths from the former, and the remaining eighth from the two latter. It is neither our intention, nor is this the proper place to criticize Hahnemann's views; we may however remark that the merely palliative effect which he frequently obtained from his remedies in chronic diseases, led him to the belief that these diseases depended upon some latent chronic miasm; and it was indeed ascertained that many of them had been preceded by itch. Hahnemann was persuaded that the suppressed itch was the primary cause of those diseases. Observing that several of them had been cured by the use of mineral springs, his acute powers of penetration led him to suppose that the cure had been wrought by the medicinal substances which

exist in those springs in minute and greatly divided quantities. He was confirmed in this view by farther observations and the successive results of his practice, and he therefore designated the medicines by means of which the cure of chronic diseases was effected, as *antipsorics*—that is, medicines directed against a chronic malady. It is now well known, however, that those antipsorics not only cure chronic, but also a host of acute diseases, and that they are employed for that purpose by all homœopathic practitioners. Hahnemann be praised for having made us acquainted with such efficient means to relieve the sufferings of our fellow-beings.

It is an undoubted fact that the inveterate character of chronic diseases frequently depends upon some latent dyscrasia which has become rooted in the organism, and that those conditions have been removed by certain remedies which exercise a specific effect upon the organs invaded by a psoric miasm. It is for this reason that the general therapeutic rules remain the same for chronic as well as any other diseases. If such chronic diseases have already been treated with a variety of allopathic medicinal substances, it is advisable that the homœopathic practitioner should let some time elapse before he gives any medicine to the patient, that the organism may free itself as much as possible from the various influences which those drugs have left and may become more susceptible to the action of our small doses.

According to Hahnemann, *diseases of the mind* likewise originate. These diseases do not constitute as distinct a class of diseases as those which have been indicated above. In almost every disease of the body the mind is affected more or less, on which account the state of the mind is to be regarded as an important feature in the image of the disease. We know from experience that the condition of the mind in health is frequently the contrary of what it was in disease. If a certain group of symptoms indicate two different remedies, the state of the mind is frequently the only symptom by which we can decide which of those reme-

dies ought to be selected ; Aconite, for instance, will never effect a rapid cure in a person with a calm, even temperament ; Nux will be found very little adapted to a mild and phlegmatic, or Pulsatilla to a cheerful, bright and obstinate temper ; Ignatia is counter-indicated by an unchangeable mind which is neither given to fright nor vehemence.

In all chronic diseases it is not only of the utmost importance to investigate all the physical symptoms, but the moral and mental condition of the patient would seem to require our especial attention.* The physician will have not only to inquire into all the previous bodily diseases of the patient, but he will have to make particular inquiries about the disease which preceded the mental disorder previous to its increasing to a complete derangement. This information can, of course, only be obtained from the family. If the mental derangement (mania, rage) set in of a sudden, in consequence of fright, chagrin, abuse of spirituous drinks, then Hahnemann teaches that it is to be treated as an acute disease with Aconite, Belladonna, Stramonium, Hyosciamus, Veratrum, Mercurius, etc., and that the antipsoric treatment, with a properly regulated diet, ought to be instituted only after the acute symptoms have been subdued ; the antipsoric treatment is necessary to prevent a new outbreak of the disease which might easily become a permanent derangement.

Diseases of the mind which are not yet fully developed and do not arise from bodily affections but from bad habits, faulty education, immoral conduct, neglect, superstition or ignorance, may be improved by kind persuasion, consolations, remonstrance, reasoning ; whereas those mental diseases which arise from bodily diseases, are made worse by such means, and become more inveterate. A physician ought never to lose patience or self-control, he ought never to indulge in angry expressions or manners, lest he should lose the confidence and the affection of his patients, which are indispensable means of cure.

* See Organon, § 217 seq.

There is another class of mental diseases which we observe in men who have been frequently a prey to grief, chagrin, insults, attacks of fear and fright. Those diseases emanate primarily from the mind, and the bodily affection is a mere result of the mental disturbance. If these diseases be recent, they are most easily removed by spiritual means, such as : kind persuasion, reasoning, confiding manners, sometimes by a clever deception ; the mode of life ought not to be neglected, of course. Such means are frequently sufficient to restore the normal state of the mind.

In all cases of mental derangement which can be cured by homœopathic remedies it is essential not only to observe a rigorous diet, but to submit the patient to a proper treatment on the part of his relatives and physician. The raving maniac ought to meet a firm will and a bold and fearless expression of countenance ; the lamenting and disconsolate ought to be surrounded with silent and sympathizing grief ; senseless prattle ought to be met by silence expressing a slight degree of attention ; disgusting and revolting conduct are to be left unheeded. The patients ought to be prevented from injuring or ruining the things around them, without rebuking, or, what would be still worse, punishing or torturing them. The only compulsion to which the patient is liable, is to take the homœopathic medicine, but even that kind of compulsion can be avoided by mixing the medicine in the beverage of the patient without his knowing it.

It is a great mistake on the part of the physician or the attendants of the patients to contradict, censure, or scold them, or to treat them with yielding timidity ; it would be just as indiscreet to irritate them by derision, and ill-disguised deception. On the contrary, those patients ought always to be treated like sane persons, and everything by which their senses or minds might be disturbed, ought to be carefully removed from their presence.

GENERAL THERAPEUTIC RULES.

We have shown above that the first essential requisite of a cure is, a thorough investigation of all the perceptible symptoms of a disease. This investigation is so much more necessary as, according to Hahnemann, the symptoms which reflect the internal disease in a visible and tangible form are the only part of the disease which we can perceive with our senses and therefore know. If the symptoms are removed the disease no longer exists. We do not entirely admit this proposition as may be inferred from our mode of examining the patient; but as our object is not to remark upon Hahnemann's theories, we have contented ourselves with showing the mode of arriving at a correct diagnosis and at a knowledge of the specific means by which the disease will be most permanently and thoroughly cured.

We doubt, however, whether such a cure is possible in every case. How often is our treatment baffled by disorganizations which have lasted a sufficient length of time to produce functional disorders and an excessive irritation of the sensitive sphere; we may mention headache depending upon an exostosis of the cranium; epilepsy, occasioned by tubercles in the brain; dropsy, by organic degenerations; organic difficulties about the heart; cardialgia, and chronic vomiting, depending upon tubercles, cysts in the œsophagus, or carcinoma of the pyloric orifice; metrorrhagia, occasioned by carcinoma; hæmoptysis, from disorganization of the lungs, etc.: all such affections are incurable under any treatment. Under this head belong exhaustion of the vital energies by marasmus, profuse evacuations, excessive exertions; diseases which set in with a sudden and overpowering violence, such as: hospital-typhus, pest, violent cases of poisoning; and we may lastly class under this category the unavoidable and permanent presence of hurtful influences, such as: grief from disappointed love, cares, chagrin, remorse, living in a climate which is injurious to the patient, etc.

We have already spoken of the necessity of inves-

tigating and, if possible, removing the exciting cause of the disease, and we here allude to it again in order to impress that necessity upon the minds of our readers as emphatically as possible. Even when the exciting cause is no longer present and the disease goes on in its course, we ought to select our remedies with reference to it. To the examples which we have furnished above and which were principally intended to illustrate the fact that the remedial agent ought to be selected with a particular reference to the exciting cause, we subjoin a few more with a view of showing the necessity of submitting the patient to a particular diet, avoiding all those things which, although the patient may have been in the constant habit of using them, might injure the good effects of the specific remedy. If the physician is at the same time the friend of his patient—which he ought to be, inasmuch as the physician is initiated into all the secret cares and difficulties of his patient,—he may frequently do more good by a kind word, a consolation, or a friendly mediation, than by medicine; at any rate, the medicine which is administered by the hand of a friend, will do more good than a superficial, formal consultation. In some cases the cure may be facilitated by transferring the patient to a more wholesome abode, by changing the bed-chamber, taking off the corset or any other hurtful piece of dress, etc. The physician ought likewise to insist upon his patient correcting all bad habits, such as sitting crooked, eating too fast, swallowing food which is too hot, eating hot and cold things in rapid succession, excessive use of tobacco and snuff, indiscreet bathing, washing the head and eyes with cold water immediately after rising, sitting in a current of air, etc.

All injurious external influences have to be removed or neutralized before the real treatment of the disease can begin; and this treatment is to be based upon the principle "*similia similibus*," which is the only true law of healing and has now been confirmed by the experience of a vast number of the most acute and intelligent practitioners.

The *specific treatment* as we understand it in our school, consists in *selecting a remedial agent the pathogenetic effects of which upon the healthy organism are similar to the symptoms of the natural disease*. This is the homœopathic law of cure, a law which is founded in nature and is the only true guide for the administration of such remedies as will secure a successful reaction of the organism. If we conceive the law "*similia similibus*" in its true scientific extent, we will at once be led to admit the necessity of not restricting the application of that law to the mere external symptoms; for there are diseases where those symptoms are wanting or so feeble that we are scarcely able to distinguish them, as may be the case when organs that are but poorly provided with nerves and are therefore not very sensitive, are the seat of the disease; or the symptoms of the original malady may be so deceptive that the concomitant sympathetic symptoms may be much more distinct than the former; or the symptoms of the principal disease may be obscured by accidental violent complications. This shows that a mere comparison of the symptoms is not always sufficient to obtain a correct diagnosis and that it frequently requires a good deal of combination and reflection to attain a true and complete image of the disease with all its external and probable internal phenomena.

The selection of our remedial agents in accordance with the symptoms of the disease, is the great difference which exists between the old and new school. The greater the similarity of the symptoms; the more exactly the remedy corresponds to all the peculiarities of the disease; to the period when it makes its appearance; to the exacerbations and changes occurring in the course of the disease; to the mode how and the period when it disappears; to moral emotions, etc.: the safer, and the more certain and permanent is the cure. In comparing the symptoms of the malady with those of the remedial agent, the general symptoms are of not so much importance as the particular characteristic symptoms, for instance, whether the symptoms are aggravated or excited by motion; whether they are excited

or gradually increased by rest, and whether they disappear again by motion; whether the symptoms are most violent in the morning, at noon, in the evening, night, etc.; whether they are modified by the cool open air or by warmth; whether a slight, apparently trivial occurrence, such as nausea, vomiting, a slight attack of rheumatism, etc., induces great prostration of strength, obliging one to lie down (we remind the reader of *Ars.*, *Verat.*, *Ipec.*, *Sec.*), etc. It is of the utmost importance for the selection of the true remedial agent that all those points should be carefully considered. We are frequently led to a knowledge of the specific agent by considering the relation which it holds to the peculiar moral or physical disposition, the temperament or sex of the patient, (*Nux vom.*, *Ignat.*, *Puls.*, *Sep.*, *Phosph.*, etc.)

The prophylactic treatment is another species of treatment which the homœopathic physician is frequently called upon to employ.

The prophylactic treatment is generally employed in cases where diseases can be prevented by specific remedies, for instance scarlatina and hydrophobia by a few small dozes of *Belladonna* at suitable intervals; *purpura miliaria* by *Aconite*; *varicella* and measles by *Pulsatilla*; the consequences of chagrin by *Chamomilla* (or rather by *Colocynth*, which is in many cases sufficient to remove the most violent symptoms occasioned by chagrin); the morbid phenomena resulting from fright by *Aconite*, etc.

These few examples sufficiently show that the homœopathic method of cure is a better prophylactic method than the method of the old school. We inquire with much more minuteness into the natural susceptibility of a patient to this or that disease; our knowledge of the curative virtues of drugs is not derived from unfounded theories, but it is based upon pure experience and careful observation; such things as spring or milk-cures can never occur in homœopathic practice.

The homœopathic physician acknowledges also a sort of prophylactic hygiene which it is the business of

the government to protect. Under this category belongs Hahnemann's remark in the preface to *Ledum palustre*,* that this powerful substance is frequently mixed with beer by interested and unprincipled brewers for the purpose of imparting intoxicating qualities to that beverage, thus making it very injurious to health.

However strange it may appear to speak of palliative treatment in connection with homœopathy, yet that treatment is employed under certain circumstances even by those who have practised homœopathy for years past. A physician must be very unfeeling if he would refuse to palliate the troublesome or dangerous symptoms in cases where they are owing to the presence of an exciting cause, or when the case is hopeless and the curative treatment is of no avail. Every good physician will endeavour to palliate his patient's sufferings until his death, in all cases where a cure is out of the question. This rule of conduct, which is deeply written in the human heart, is not only true in incurable but also in very painful diseases. This maxim prevails alike in the homœopathic as well as the allopathic practice, with this difference, that in the latter practice palliatives are frequently resorted to for the purpose of subduing a single symptom, even if the totality of the symptoms should indicate a totally different remedy, (we merely mention the abuse which is made of opium, the sudden suppression of salutary evacuations, the pellentia and exsiccantia in chronic local affections, etc.)

In treating a case, the homœopathic physician employs remedies which not only correspond to the troublesome symptom, but to the whole group. In palliating acute pain or incurable affections, the homœopathic physician ought constantly to act in accordance with that rule. He will accomplish that palliation by frequently repeating the suitable remedies, for instance: *Belladonna*, *Chamom.*, *Ignat.*, *Ipec.*, etc., in violent spasmodic diseases; *Carbo anim.*, *Staphys.*, *Thuja*, *Secale corn.*, *Puls.*, *Bell.*, etc., in cancer of the

* See Hahnemann's *Materia Medica Pura*, by Charles J. Hempel, M.D.

womb. There are many more examples, all of which show that the principle "*similia similibus*," if employed as the rule in the palliative treatment, accomplishes the object of that treatment much better than the empirical practice of the old school. We invite our opponents to try our law of cure as a palliative means in organic malformations, and to compare the results thus obtained with the results obtained by their ordinary means.

There is another kind of palliative means of which we avail ourselves in our practice and which have not, it is true, any homœopathic relation to the disease, but by no means interfere with the homœopathic treatment. Who does not know that the troublesome dry cough in tuberculous phthisis is moderated by inhaling the vapour of warm water, or that spasms of the respiratory organs may be soothed by warm fomentations of the chest? Who is unacquainted with the beneficent influence of animal-magnetism in asthmatic complaints and spasms? Who does not use warm poultices of milk and oatmeal, bran, or linseed, to soften hard and painful abscesses, or to cover large ulcerated surfaces which are very painful and deprive the patient of his strength? Who does not cover open abscesses with bands of linen slightly covered with an ointment of althea? Do we not apply carrot and potato poultices to painful cancerous ulcers and to bed-sores which threaten to become gangrenous? Do we not bathe inflamed portions of the periosteum during a long confinement in bed with washes of lemon-juice and dilute tincture of Arnica? Who does not give anxious patients, if they should wish to be relieved of an obstinate obstruction of the bowels, an injection of tepid water, or milk and water, milk and molasses, soap-water and linseed-oil, or mere cold water? Do we not know that in typhus fever great relief may be afforded to the patient by washing certain parts of the body with warm vinegar? Have we forgotten the relief which may be obtained by rubbing with a piece of flannel limbs that are affected with rheumatism; is not the pain in acute rheumatism and ascites relieved

by friction with warm oil? Are not warm baths excellent palliatives in many cases? Should it be contrary to our art to apply in many cases of incipient or perfectly developed encephalitis cold water, snow or ice to the head, knowing as we do that those applications have a soothing and even curative effect in the headache occurring in that disease and arising from violent congestion of blood? Are not gargles of milk and althea-root boiled together, frequently useful in angina faucium? Is not the pain in violent inflammation or suppuration of the internal ear relieved by the vapours of warm milk? Is not the painful otalgia of children relieved by twisting a sulphur thread around the external ear? Are not habitually cold feet relieved by bathing them in cold water? Is not the agony in croup mitigated by applying a sponge dipped in warm water to the larynx? *

The *derivative method* is a particular branch of the palliative system, and may be advantageously resorted to in many dangerous affections. We may mention the warm oatmeal poultices, the hand and foot baths with or without salt or ashes, in congestion of the superior organs and in delirium; dry cupping at the pit of the stomach, in oppression of the chest, anguish and restlessness with an unequal and spasmodic pulse previous to an acute eruption breaking out upon the skin; the warm hand-baths in excessive secretion of milk; the application of warm vapours to the breasts of the lying-in woman in suppression of the milk; the pitch-plasters between the shoulders, which were even recommended by Hahnemann in chronic diseases arising from a suppressed eruption; the recommendation of Hahnemann to wash the external opposite side of the affected organ with the medicine which is homœopathic to the symptoms. —What dangerous symptoms frequently arise from suppressed sweat of the feet? Is it not proper that

* To these palliative means we may add a current from the magneto-electric machine, which frequently relieves in a moment's time the most excruciating pain in acute rheumatism, and other kinds of inflammation.

the physician should endeavour to restore the sweat by wrapping the feet in cotton, wool, or wax-linen, or inserting them in warm sand? There is no doubt that an illness depending upon a suddenly suppressed cutaneous eruption, whether the suppression be spontaneous or the result of indiscreet treatment, will be most speedily cured by him who first succeeds in restoring a similar eruption upon the skin. Who is not acquainted with the brilliant effects of cold fomentations and the internal use of Arnica in injuries of every kind, especially those of the head?—Is not the treatment which we resort to in cases of swoons, apparent death, suffocation, hanging, freezing, burns, etc., of the palliative kind?*

We may here mention another method of treatment which is subordinate to the homœopathic, and is based upon a knowledge of drugs obtained *ex usu in morbis*. Thus we use Antimonial wine, in drops, against accumulation of mucus in the chest, in the case of little children; Oleum jecoris aselli against scrofulous complaints and tubercles; Mercurius in syphilis; the biniodide of Mercury in old syphilitic ulcers, and syphilitic diseases generally; Quinine in various intermittent diseases; Sulphur in scabies and hæmorrhoidal affections; Iodine in mercurial herpetic eruptions and tubercles; Lichen Islandicus in pulmonary phthisis; Secale cornutum to facilitate labour-pains; the tincture of Cinnamon in metrorrhagia, etc.

We have similar specifics in the homœopathic practice; but we have no right to reject remedies, the specific curative effects of which we only know *ex usu in morbis*; the use of such remedies is justified by the fact of their being specifically adapted to certain forms of disease. Not every diarrhœa from cold is relieved by Dulcamara, nor are all catarrhal diseases. Belladonna is said to be a valuable remedy against hydrophobia; but would a homœopathic physician be willing to use it in practice without first examining its curative virtues? Colocynthis is known to be an excellent

* Organon of the Specific Healing Art, by Dr. G. L. Rau. Leipsic, 1833.

remedy in colic with dysentery, but will a discreet practitioner ever use it in such a case without inquiring whether it is specifically corresponding to it? Rhus is known *ex usu in morbis* to be a valuable remedy in many diseases which are aggravated in rest, and Bryonia in many others which are aggravated by motion; nevertheless we shall always have to consider whether either of those remedies is specifically adapted to the existing group of symptoms. The same remarks apply to Mercury in syphilis, Sulphur in scabies and hæmorrhoids, China in intermittent fevers, Arnica in contusions, Ipecacuanha and Ignatia in spasms, etc.

We ought not to omit mentioning the law of cure "*æqualia æqualibus*," or the contagium of a disease may be employed against it as a curative specific. This law, which was first discovered and promulgated by the veterinary physician, M. Lutz, in a pamphlet entitled the *Doctrine of Isopathic Remedies*, and published in Leipsic, 1833, has been confirmed by the experience of many acute observers. In making mention of this work in the second volume of the *Homœopathic Gazette*, No. 9, page 70, Dr. Gross tells us that he had made many experiments with isopathic remedies. Since then several cures by means of isopathic remedies have been reported in the *Homœopathic Gazette*; but they do not always prove what they are intended to prove, and have appeared to us rather imaginary. There is no doubt that single observations have been made the basis of the doctrine that the product of a disease is able to cure that disease, and that this erroneous conclusion has brought into use a number of remedies which do not deserve that name. We know that contagia are not only capable of subverting the normal condition of the vital forces, but also of restoring the natural play of those forces (we need but mention Psoricum, Lachesis, Vaccinin, Morbillin, Variolin); but those remedies have most frequently cured diseases entirely different from those from whose names those agents have derived their own. If all diseases could be cured in this manner the business of a physi-

cian would not be difficult but very laborious, inasmuch as he would have to dynamize the product of the disease in every single case; for any other it would be without any value. Cures which are said to have been effected agreeably to the principle, "*æqualia æqualibus*," are in fact homœopathic cures; for the patient is cured by means of a product of that disease in some other patient, which is dynamized in the usual fashion.

Inasmuch as we have made mention of the various methods of treatment of which the homœopathic practitioner may avail himself, we shall now say a few words of some other methods occurring in allopathic practice, and comprehended in one or the other above-mentioned methods of cure.

Homœopathy knows nothing of the expectant method. Every manifestation of disease is treated according to its symptoms, by positive remedies.

Nor does homœopathy know anything of a particular treatment for convalescent patients. The efforts of the homœopathic physician are directed against the disease itself, without poisoning the organism, as is done in old-school treatment, by excessive doses of medicine, frequently ingrafting upon the organism an artificial disease that is much more violent, and lasts much longer than the natural disease. Homœopathy does not use any depletory processes; hence the patient is not weakened by homœopathic treatment, and there is no necessity for any of those medicines which are required for the debility consequent upon the employment of the allopathic revulsive treatment. Suffice it to mention the cure of inflammation by repeated bleedings, or the treatment of typhoid fevers with excitants and a variety of other drugs in large doses, the use of which is generally followed by a period of convalescence lasting as long as the original disease; the treatment of *febris pituitosa*, which generally leaves a deranged state of the mucous membranes and dropsical conditions, etc.

After these preliminary pathological and therapeutic

observations we come to state the fourth cardinal principle of homœopathic practice: *Give the specific remedy in a sufficient quantity to excite the curative reaction of the organism, without occasioning any unnecessary aggravation of the symptoms, which would only serve to impede the cure.* According to Hahnemann the homœopathic dose may be ever so minute it will succeed in improving, curing, or even annihilating the disease. His idea was that the exciting causes of disease possess only a subordinate and limited power to disturb the organism, but the remedial agents possess this power in an absolute, and, therefore, supreme degree, at the same time as they are capable of affecting the diseased organ in such a manner as will restore the harmony of the whole organism. A few hours after exhibiting his remedy Hahnemann frequently noticed new symptoms evoked by the medicine (medicinal aggravation); he therefore concluded that the dose was still too powerful for the disturbed organism, and was led in the course of time to carry all his remedies up to the 30th degree of dynamization. He was rejoiced at witnessing the effect, the pure dynamis of his immaterial doses, and the power which even the highest potencies still possessed to cure disease. He even thought that those highest dynamizations were frequently too powerful, especially in chronic diseases, and he therefore introduced the method of simply smelling a few pellets moistened with the medicine. Afterwards he thought that even olfaction was too powerful for certain delicate organisms, and he advised such patients to dissolve a few pellets of the medicine in half a tumblerful of water, and of taking a tablespoonful every day, or every two or three days. According to Bönninghausen's communication in the New Archive, first and second number, Hahnemann has carried his dynamizations still higher, and since his death the highest dynamizations have been vaunted in such extravagant terms that the student of homœopathy must fairly lose his senses in that labyrinth of strange and unheard-of

relations. There are as yet no fixed rules for the magnitude of a dose or the employment of particular potencies; every physician uses those potencies which seem to him best, and if he succeeds in curing his patient, he considers that potency the best which has effected the cure, and advocates it as such, upon the ground of experience. Nothing positive can be said about a point of doctrine which has given rise to so many different opinions. It will not do either to contradict or to blindly believe the results said to have been obtained by other physicians. We ought to verify them in our own practice, although neither a few successes nor failures are a sufficient evidence either for or against the statements and inferences of other practitioners. If it were true that in treating a case of disease the principal thing is to give the homœopathic specific, and that the dose is of minor importance, we might dismiss the subject without any further remark. The dose, however, is of some importance, and we therefore beg leave to express our own opinion in respect to doses, without desiring, however, to bias any practitioner's mind in favour of our ideas.

In the first place we ought to have a proper understanding of the term *dynamization*. Hahnemann gave this name to every attenuation of a drug, which he considered a development and increase of the power of the drug, until the material substratum should be entirely destroyed and the attenuated agent should act as a purely dynamic power. The term "dynamization or potentialization" is certainly the best that can be applied to the attenuations of mineral and metallic substances, inasmuch as the process of trituration discloses and develops their latent powers and raises the drugs to the rank of true curative agents. It is only by triturating those crude substances that they become like medicinal agents which, even in their natural state and divided into very minute parts, possess so great a power of disturbing the organism that it is not advisable to use them except highly *diluted*. *The former substances are dynamized by

trituration, the latter weakened by dilution. We do not know very positively how far crude drugs require to be dynamized before their medicinal virtues are properly disclosed; but we may suppose that this result is obtained as soon as the triturated substance manifests the power of morbidly affecting the organism. Any farther attenuation of the drug would not be a dynamization but a dilution. If the successive attenuations of a drug were so many dynamizations, why does not the dynamic power of the drug increase by attenuation, whereas Hahnemann thinks that it decreases. However, our intention is not to criticize, but simply to state the view which we take of dynamization and dilution. We understand the thing differently from Hahnemann, but, if we mean to obtain a rational opinion of the power of his small doses we have to understand the attenuating process as he does. He supposed that the dynamic power of ponderable bodies might be excited by peculiar manipulations like that of imponderable substances, and that the dynamic power of those substances might be separated from its material substratum and transferred to a neutral vehicle by means of which it might be made to act upon the affected organism like electricity, magnetism, etc. The correctness of the views which Hahnemann has promulgated about the dynamizing power of the processes of trituration and succussion, cannot be denied, nor will it be denied by any one who is familiar with homœopathic practice, and has used the 30th, 40th, and 60th potency of Arsenic, Belladonna, etc., with the same happy results as we have done in our practice. Latterly, however, the process of dynamization has been carried much farther than it ever had been before, and with so much enthusiasm that it is impossible to foresee its ultimate boundaries. The advocates of the doctrine of dynamization have now become convinced that the whole secret of the curative effects of one, two or three pellets is explained by the peculiar mode in which the medicine has been triturated and succussed. They

carry a remedy up to the 800th, 1000th, and even 2000th potency,* and imagine that those high potencies still produce pathogenetic symptoms. If this game, which is particularly exciting to laymen, and in which physicians become so easily interested, is carried much farther, the end of it cannot possibly be foreseen, and it may become true what some of our opponents have said of us, that in homœopathic practice nature triumphs both over the disease and the physician ! We will not decide whether the introduction of the highest potencies has or has not been a scientific progress ; but we confess that those potencies, which we have used in many cases with the honest intention of testing their real value, have not answered our expectations as well as they have those of Stapf, Gross, Bœnninghausen, and other enthusiastic admirers. We still recollect the time when Hahnemann supposed that all chronic diseases originated in the use of coffee, until the psora theory furnished him a new clue for those diseases. Many homœopathic physicians have implicit confidence in the psora-doctrine. They likewise believed in the limit which Hahnemann had marked out in the preface to every remedy contained in the first edition of the *Materia Medica Pura* as the highest degree of power of which that remedy was susceptible. And who will deny that beautiful cures were wrought by these pretended highest potencies which were supposed to be the most suitable to the susceptibility of the disturbed organism. But even at that time we frequently succeeded in curing with a lower potency where the higher had no effect. No one thought in those cases of ascending the scale, and an attempt made by Korsakoff to carry our remedies up to the 1500th potency was rejected as absurd by those who were satisfied with the results of their present experience ; it was supposed that those potencies had no curative power whatsoever,

* Baron Gerstorff, one of the provers so frequently mentioned in the *Materia Medica Pura*, has told me that Arsenic has been carried up to the 10,000th potency.—HEMPER.

and that the patient who was treated with them received no medicine at all. It is but a few years since the lowest potencies were recommended as the most suitable in the treatment of disease, and employed by a great number of physicians. What causes all those changes? Have the drugs become more powerful? Have the highest potencies been made or used improperly? Have we obtained a deeper insight into the spirit of our doctrine? Are we desirous of showing to the world that homœopathy is yet susceptible of many improvements? Certainly homœopathy is susceptible of improvement, but it strikes us that it ought to be effected by a different road than that of the highest potencies. The probability is, that if Hahnemann had lived and had remained in possession of his vigorous intellect, he would have made changes in the preparation and administration of our medicines, and would always have recommended the last change as the best. This is our opinion of the highest potencies; they may afford advantages in certain cases, but will probably be superseded one day by a new method of exhibiting our remedial agents, which will be advocated with the same enthusiasm by its friends.

As it is impossible that the same dose or potency should be suitable to all patients, the question naturally occurs: What dose will excite the curative reaction of the organism in a sufficient degree? Every physician must feel interested in the settlement of this question, as the dose is of the utmost importance to a successful treatment. The lowest potencies, the thirtieth, and now the highest potencies, have been successively recommended as the normal doses. But we are convinced, from the many trials which we have made with every one of those preparations, that neither of them can be considered normal, and that the dose depends in every case upon the susceptibilities and the reactive power of the patient's organism. In *Rau's Organon* the conditions by which the dose ought to be determined have been accurately described, and we shall adopt them in the present work, so much

more as the views of Rau on that subject coincide entirely with our own.*

* NOTE BY DR. HEMPEL.—Dr. Hartmann's remarks on the highest potencies appear to me rather superficial. If a man uses the 60th potency with as much success as he pretends to do, there is no good ground for his being astonished at the curative effects of the 200th or even the 2000th. Dr. Hartman denies that succussion is a means of developing the dynamic power of a drug; he thinks that attenuation by succussion is a simple process of dilution. In this I think he is grievously mistaken. How will Hartmann explain the fact that a drop of the tincture of Belladonna, when simply stirred in a glass of water, has frequently no effect, where a few pellets of the thirtieth potency will effect a speedy cure, or where a cure is effected by that same drop if it be mixed in a tumblerful of water by turning the solution some thirty or forty times from one tumbler into another, and then mixing a table spoonful of that solution with another tumblerful of water and turning this second solution again thirty or forty times from one tumbler into a second one? I can affirm that I have effected many cures with a double-attenuated solution where a simple dilution of the tincture left me entirely in the lurch. As regards the highest potencies, I protest both against their exclusive use and against the injudicious neglect with which many practitioners treat them. I have used them in many violent cases with the most perfect and sometimes with instantaneous effect, and do use them now every day to my entire satisfaction. I have reported a number of cases in the *Homœopathic Examiner* where the curative action of the highest potencies is so evident that no sane man can doubt it, and in many cases I have obtained results by means of the highest potencies where the lower potencies had entirely failed, even when administered by skilful hands. A few weeks ago I was requested to take charge of a lady who had been suffering with consumption brought on by mismanaged pneumonia. Her most distressing symptom was a hard wheezing cough with most difficult expectoration; she had a turn every five minutes. This lady had been treated homœopathically for several months past, and the last medicine that had been given her was crude sulphur, of which she took three powders a-day, and had already swallowed twenty powders in all. The patient told me that her cough had been getting worse ever since she had taken those powders, and that her distress had become so excessive that she could not take the medicine any longer. Sulphur, however, was the remedy. I gave her two pellets of the 800th potency in water, a table spoonful every six hours, and when I saw her again, three days after, her cough was much less, the paroxysms were much less frequent and less violent. The lady remarked to me, "What a comfort it is to be able to sit without coughing."

In the second number of the *Homœopathic Examiner*, Vol. IV., I have reported a case of neuralgic colic of upwards of three years' standing, which had been treated for eighteen months by the first homœopathic physicians of this city. When I took charge of the patient, she suffered the most agonizing pain from morning till night, and the friends of the patient—a most interesting young lady—had given up all hope of ever seeing her relieved. I can affirm, as a man of honour, that that patient has not only been relieved but entirely cured, by the 200th potency of *Ipecacuanha*. I might adduce the written testimony of the patient's mother to show that the cure has been complete; but I forbear on account of the flattering remarks contained in that paper.

Among other cases where the lower preparations have failed entirely and where the highest potencies have effected a cure, I may mention the following:—A gentleman of thirty years had an inflammatory rheumatic fever which was treated allopathically; in the course of the treatment he lost his appetite, his bowels became affected, and after the treatment had lasted a whole year he concluded to submit to homœopathic treatment. His symptoms were: Constant uneasiness about the bowels, excessive qualmishness, constant desire to evacuate the bowels, which were very sluggish; violent

The susceptibility to medicinal influences is greatest in very small children and is at its acme in subjects entering upon pubescence, a period when the more noble developments take place. These are epochs when (as a general rule—*Trans.*) the organism requires but minute doses of medicine which ought to be so much more minute as the medicine has a specific relation to the organ. This observation is likewise applicable to females, who generally require smaller doses.

The constitution of the patient is likewise to be taken into consideration. Phlegmatic and torpid temperaments require the lower attenuations; sensitive persons, on the contrary, with a sanguine or choleric temperament, the higher. Persons whose sensibility has become obtuse in consequence of the abuse of spirituous and heating beverages, spices, piquant dishes, require larger doses of medicine to excite the necessary organic reaction. This shows that the mode of life has a great influence on the constitution. Mental labour, the reading of novels which excite the imagination, a sedentary and effeminate mode of life, and long sleeping, increase the sensibility; heavy labour, country-air, substantial and nutritious food, living in apothecaries, or tobacco-shops, distilleries, etc., diminish it. It is likewise certain that persons who have been treated with Lead, Mercury, Iodine, Cinchona, Valeriana, and other drugs, and are now suffering with a com-

shooting pain from temple to temple through the forehead, occasionally a neuralgic pain in a small circumscribed spot of the left parietal bone; but his greatest trouble was an abominable coating of the tongue, which was at least one line in thickness, and had a most horrid appearance; when I saw it for the first time it positively sickened my stomach. That gentleman enjoyed for six months in succession the treatment of a distinguished homœopathic physician, under which he got worse instead of better. I cured him with the 200th and 300th potency of Aconite, bowels, head, tongue and all; his tongue now looks as clean as any man's.

Why should we close our eyes to such facts? No honest practitioner does, but alas! how few are there among us who are honest and devoted inquirers. Most physicians look upon themselves as accomplished artists, who cannot learn anything of anybody, and who ought to reject and deride the experience of their fellow-practitioners if it should at all appear strange and some exertions should be required in investigating and verifying it. How an experimental science is to be benefitted by such want of application and by so much impudent conceit, is difficult to understand. Fortunately the interests of true medicine are not jeopardized by the neglect of a few men, and, besides, there are plenty of brave men in the homœopathic ranks who will never shrink from fulfilling their high trust.

plication of the natural disease and medicinal poisoning, require larger doses than would have been necessary previous to such a poisoning having taken place.* *Climate* has also a powerful influence on the constitution, and indirectly upon the magnitude of the dose, as we know from experience.

The character of the disease, which we are called upon to treat, is likewise an important consideration in the selection of the dose. Erethism and torpor cannot possibly be treated with the same dose. In a state of erethism the vital functions are carried on with great rapidity, and require for their regulation the higher potencies; in torpor, on the contrary, the vitality is very much depressed, and requires to be roused into reaction by larger and stronger doses. Inflammatory and spasmodic affections soon show a favourable reaction after the use of high potencies, etc.

The magnitude of the dose is also determined by *the seat of the disease*, for the greater the sensitiveness of the affected organ, the smaller ought to be the dose, and vice versa. In general we may lay it down as a rule, that affections of the vegetative system, unless they are of a decidedly inflammatory nature, require larger doses, as do likewise affections of the mucous membranes.

The *intensity with which the drug of its own nature is prone to act*, seems to require a particular consideration in determining the dose. It is true that in his later years Hahnemann and the admirers of the highest potencies have overlooked that rule. What a difference there is in respect to the intensity of action between Sambucus, Viola-odorata, Verbascum, Leontodon, Euphrasia, Dulcamara, Crocus, etc., and Belladonna, Arsenic, Rhus, Phosphorus, Corr. subl., Lachesis, Psoricum, and many more.

Does not the affinity of certain remedies to certain organs require a particular consideration? Undoubtedly it does. The more homœopathic the

* The best means to relieve the organism of the influence of such medicinal poisons, is the hydropathic treatment, which ought to *precede* the homœopathic treatment.—HEMPEL.

remedy is to the disease, the smaller ought to be the dose. Sulphur is a specific to many diseases where its best effects are exhibited by the high attenuations, whereas in scabies repeated doses of a lower potency do more good than the higher attenuations. In many catarrhal diseases to which Dulcamara is a specific, the lower potencies of that drug will do more good than the higher. Rheumatic paralysis for which Bellad. is indicated, requires a much stronger dose than encephalitis. In inflammatory fevers large doses of Aconite may be given when it is not homœopathic to the local inflammation; whereas, if this homœopathy exist, the higher potencies of Aconite are required.

In some cases the higher potencies of the specific remedy are without any effect; this makes it necessary that we should employ the lower attenuations except when there is a peculiar idiosyncrasy toward one or the other remedy, as is known to be the case with Nux, Arnica, Crocus, China, Mercurius,* of which the higher attenuations are required in all such cases.

If in prescribing a remedy, we consider carefully the various conditions which have been indicated in the foregoing paragraphs, we shall in most cases be enabled to give a dose which will be just sufficient to excite the necessary curative reaction in the affected organ. From all this we see that the dose ought to be strong or weak according to the nature of the case, and that even a weak dose may yet produce an exacerbation of the symptoms. This exacerbation, however, is not a necessary occurrence, since it frequently happens that the patients, instead of experiencing an exacerbation of the symptoms, feel a peculiar quietude, a disposition to sleep; sometimes even they fall into a sound sleep which lasts a longer or shorter space of time and is

* I have had a female patient who could not take Aconite or Digitalis, which she required to take for a nervous disorder, without experiencing a most distressing nausea, which would sometimes be felt even after taking the 200th potency. Whenever her nervous system had become excited by fright or by other causes which seemed to require the administration of Aconite, she expressed an utter aversion to Aconite. Coffea soothed her in a moment.—HEMPER.

generally very refreshing, and from which the patients sometimes wake cured, if the nature of the case admit of such a speedy change. Both the medicinal aggravation and the soothing effect of the remedy are sure proofs to the homœopathic physician that the remedy is well chosen. Although that remarkable phenomenon occurs both in acute and chronic diseases, yet it is seen much more frequently in affections characterized by a morbid excitement of the organic life, especially when the higher organs are involved, in nervous irritation, spasms of every kind, erethism of the vascular system, including pure inflammation, erethism of the lower organs, such as the mucous membranes, glands, bones, etc. (but much less frequent in the latter), in irregularity of the sleep. Children, in whom the vegetative system prevails, are especially apt to sleep after taking the true homœopathic specific.*

Since it is an established fact that a true homœopathic specific may either produce an exacerbation of the symptoms, or a curative sleep,† and we are unable to determine the normal dose which will under all circumstances occasion those results, we therefore advise the beginning practitioner not to pledge himself to any dose in particular but to use the whole scale of potencies to the best of his judgment.

What has been most perplexing to the scepticism of the old school is the possibility that such small doses should have any effect upon the organism. This scepticism arises principally from the fact that old school physicians give their remedies every hour in a crude state and in large quantities, and have no idea of the dynamic power residing in a drug. However much the human understanding may be at a loss to account for the power of our small doses by any thing known in science, there is no doubt that the possibility of such action may not only be conceived according to natu-

* See reflections on Sleep, which is in many cases a direct result of the action of homœopathic specifics upon the affected organism; by Dr. E. Stapf, *Archive*, Vol. V., No. 3, p. 1.

† See No. 4 of Vol. IV. of *Hom. Exam.*, in the case of typhoid meningitis reported by Dr. Hempel, where this curative sleep set in almost immediately after the administration of *Hyoscinum* 30.

ral laws, but that it has been proven by the universal experience of all homœopathic physicians. To cure diseases, both homœopaths and allopaths use medicines. All those substances which we use as drugs, must be able to disturb the organism by their direct action upon it, each in a specific manner. From a central point the morbid phenomena spread, invading successively other systems. If we consider the action of remedies from that position, we perceive at once that the homœopathic agent is alone suitable in all diseases. (It would seem as if we ought to stumble upon the truth that a medicine and a morbid action both of which are characterized by the same phenomena, must primarily act upon the same centre. On giving a homœopathic remedy in a sufficient quantity to produce symptoms, the disease must necessarily be aggravated; on the contrary, by giving the remedy in so small a dose that it cannot affect the organism medicinally, the remedy must necessarily act upon the vitality of the invaded centre, from which its influence will successively extend over the organs which are consensually related to the centre; the disease will therefore be cured without being first aggravated.* This is no proposition of the pure reason, but one derived from experience after numerous observations and experiments. Why should we disbelieve a fact on the ground of its having been wrongly accounted for, and why should we not do again what we have done so many thousand times, in order to obtain again the same good results? We do not deem it necessary to repeat in the present instance the many striking proofs which have been offered to the opponents of homœopathy, that striking effects are frequently produced by spiritual, or dynamic forces. We will simply state that if the healthy organism can be influenced by atmospheric impressions, atmospheric vibrations upon which the perception of sound and light depends, and by other imponderable agents, why should it be denied that an organism invaded by disease can be

* See *Ideas on the Formation and Cure of Disease* by D. Drechsler of Düben, in the *Med. Annals of Altenburg*, March, 1815.

acted upon by minute doses of highly refined therapeutic agents when it cannot be denied that those agents possess a dynamic power. We refer the reader to Hahnemann's beautiful treatise: "How is it possible that small homœopathic doses of a highly attenuated medicine, should still possess power, great power?"* We likewise recommend Dr. Trink's excellent treatise in opposition to Hahnemann: *Reflections on Doses*,† and Dr. Gross' reply.‡

We beg leave here to record our own opinion about the action of our doses, which is sometimes of long duration, and sometimes is not perceived at all. Of that action Hahnemann says in the *Chronic Diseases*: § "This is not one of those propositions which can be comprehended; nor do I ask that it should be blindly credited. I do not comprehend it either, but the truth is as I have stated. This is a matter of experience in which I have more confidence than in my own comprehension." The experience which we possess of the power of the doses, may be deemed sufficient, and, it is all that we shall know about it for some time to come. However, we, no more than others, have been able to resist the desire which is inherent in the human mind of explaining every phenomenon which interests man; and inasmuch as it cannot be denied that the power with which homœopathic doses act, is a most interesting and remarkable occurrence, we have tried to explain it to our mind as satisfactorily as possible, although we admit that our explanation together with all others, rests upon a hypothetical basis, having more or less probability in its favour.

It is well known both to allopaths and homœopaths that the human organism cannot be invaded by a morbid force, be this either spiritual or material, unless the organism is in a state of adaptation to that force or in a state of susceptibility to its influence. This fact can be illustrated, by examples. Epidemic scarlet-fever, erysipelas, measles, etc., do not attack anybody who has

* *Materia Med. Pura*, by Dr. Hempel, Vol. IV.

† *Annals of Hom. Clinique*, Vol. III., No. 2, p. 127.

‡ *Allg. hom. Zeit.*, Vol. I., p. 43.

§ *Chronic Diseases*, Vol. I., by Dr. Hempel.

not yet had those diseases; we frequently see one or two individuals in a family where either of those diseases prevails, remaining free from the disease, but they are attacked by it when the disease occurs a second time and when the organisms of those individuals are more susceptible to it than they were during the first invasion of the epidemic. Not all persons who expose themselves to the contagium of itch or syphilis, will be infected by it; such an infection will only take place in persons whose organisms are predisposed to the reception of the miasm. If the predisposition of the organism were not necessary to its infection by a contagium, how could we account for the fact that of ten persons who are bitten by a mad dog, only two or three become affected with hydrophobia.

A sick organism is much more vividly affected by external disagreeable impressions than an organism in a state of perfect health, which may be left entirely undisturbed by those impressions. The sick organism being so easily irritated by the least disturbing causes, it requires on the other hand very little to affect it favourably. It is upon this fact that we account for the efficiency of homœopathic doses. The homœopathic agent and the morbid force disturbing the organism in a similar manner, their disturbing influence must be directed primarily against the same central point in the organism, and, in disease, that central focus must therefore be readily influenced by the homœopathic agents, so that the natural irritation will be easily, thoroughly and permanently counterbalanced and effaced by the artificial influence.

Although Hahnemann has shown that the inherent power of a drug is only properly developed by the dynamizing process, yet we believe that the real dynamic force of the remedial agent begins to act only when it meets the central focus of the disease, to which the homœopathic agent conjoins itself as the seed does to an appropriate soil; if that central focus be not met, the dynamis of the homœopathic agent remains in a latent state and the disease goes on increasingly; or else the remedy may develop its own

pathogenetic symptoms, which become engrafted upon the disease without any benefit to the patient. This takes place in cases where the remedy is not homœopathic to the disease, where it covers a few symptoms only without corresponding to the fundamental character of the disease, or where the dose was too powerful or the patient's sensibility too great.

To avoid either of those results the homœopathic physician ought to possess a perfect knowledge of disease, in order to be able to distinguish essential from accidental symptoms, but he ought likewise to possess a complete knowledge of the symptoms of our drugs, in order to be sure that the remedy he selects is the true homœopathic specific. If those conditions are fulfilled, the curative reaction of the organism will seldom fail to be excited in such a degree as will lead to the restoration of the patient's health in the most expeditious and safest manner.

We, no more than Hahnemann, comprehend how medicines can act for so long a period; and yet we sometimes let them act much longer than Hahnemann did, and sometimes we give them more frequently, even the antipsorics, than he advises in the *Chronic Diseases*. On that subject we beg leave to record our opinion as follows:

It has already been mentioned that the action of the homœopathic agent is seen most brilliantly when it bears directly upon the central focus of the disease, which must always occur when the remedy is the true homœopathic specific. If the remedy be homœopathic to the disease, the organic vital forces will be powerfully roused in opposition to the heterogeneous influence of the drug. The vital reaction being once excited and having succeeded in overcoming the artificial disturbance, it does not at once compose itself to a state of rest, but it continues active until the normal condition of the affected organs shall have been restored. It is for this reason that the curative reaction sometimes continues for weeks and months, provided the remedy was perfectly homœopathic to the disease. The curative reaction lasts much longer in a chronic than in an

acute disease ; the former being more deeply rooted than the latter. The duration of the curative reaction may be illustrated by the vibrations of a musical cord, which continue long after the cause which excited them has ceased. It may likewise be illustrated by the fact that a long and progressively increasing disease may be excited by a momentarily existing cause ceasing the moment after its influence upon the organism has been established.

As regards Hahnemann's views about the selection of the remedy, they have been considerably changed by experience. He thought that the medicines which he had proved first were more suitable to acute and the so-called antipsorics to the chronic diseases.* Experience however, which is the safest guide in medicine, has convinced Hahnemann and all homœopathic physicians that such a division of our remedies into antiphlogistics and antipsorics is not founded in Nature, inasmuch as the antipsorics are frequently used in acute diseases, such as Phosphorus, Acidum phosp., Carbo veg. in cholera morbus, and the antiphlogistics in chronic, such as Chamomilla in cardialgia, Acidum hydroc., Verbascum in chronic affections of the larynx. Hahnemann being convinced that his former views on that subject required modification, he incorporated a number of his first remedies in the second edition of his Chronic Diseases.

In regard to the treatment of Chronic Diseases we refer to some observations which have been communicated in the second number of the eighth volume of the Archive, p. 33, and which are still valuable to the practitioner. We there read : " Every physician knows that chronic affections in their incipient stage are so little troublesome to patients that they do not consult their physicians until, after a very gradual and sometimes scarcely perceptible development, the affection breaks forth in an acute form, acute rheumatism, acute gout, etc. Although these

* By antipsorics Hahnemann understands those remedies which he proved after the discovery of his psora theory and which are contained in the Chronic Diseases.

acute-chronic affections depend no doubt upon a chronic miasm, yet it would not be advisable to treat them with antipsorics from the very commencement, for this reason, that the antipsorics frequently occasion a considerable aggravation of the symptoms in the first two weeks, which it is very difficult to counter-balance by other remedies. The vehemence of the acute attack ought in the first place to be allayed by a remedy which does not properly belong to the class of the antipsorics, and after the disease has been reduced again to its former condition, then the antipsoric treatment ought to commence. After having instituted a number of experiments in regard to the best mode of treating chronic diseases, we have adopted the following views in reference to that subject: Do not begin the treatment of every chronic disease with an antipsoric, but sometimes with one of the former remedies, especially when the disease had been successfully, and, as may hence be inferred, specifically treated with one of those remedies previous to the antipsorics being known. Among them the principal are the polychrests, some of which are equal to the antipsorics in the treatment of chronic diseases; we may mention Belladonna, Nux, Rhus, Staphys., Asa., Dulc., Mezereum, Sarsap., Ars., Coloc., Hepar, Anac., Clem., Puls., Ignat., etc.*

The reviewer of my first edition objects to the last proposition and would like to see it altered. Numerous experiments, however, have convinced me that my opinion is not altogether incorrect. Even before me many physicians have objected to any rigorous line of demarcation being drawn between antipsorics and the remedies for acute diseases; they have proposed that remedies should be administered with reference to the symptoms independently of that division. I propose the same thing, viz. that no remedy which has been known to act as a specific curative in a given disease, be discarded until we know a substitute for that remedy which will act still more specifically.

* Dulc., Mez., Sarsap., Ars., Coloc., Hepar, Anac., Clem., belong to the antipsorics.—HEMPEL.

It is an acknowledged fact that antipsorics are the best remedies for disorganizations and such affections as could not be cured by any of the non-antipsoric remedies, or when these are not indicated in the present case. In all such cases, the treatment ought to be commenced with Sulphur, the best preparation being the tincture of Sulphur, one dose a-day for 4, 6 or 8 days in succession, provided the Sulphur is at all indicated by a few or more symptoms, or the patient has a distinct recollection of having had the itch. The Sulphur may be continued until several symptoms make their appearance which the patient has not yet felt on any former occasion. After the action of the Sulphur has been distinctly perceived, it ought to be discontinued, and, as soon as the Sulphur has ceased to act, the patient ought to be given another antipsoric which is most homœopathic to the symptoms. This will act with so much more certainty and success after the Sulphur has been given. This second antipsoric has likewise to be repeated, but less frequently than the Sulphur; the frequency of the repetition has to be left to the judgment of the physician. If a well-chosen antipsoric should not act as well as the physician had a right to expect, he then may again recur to a few doses of Sulphur to secure a more favourable reaction, and afterwards give the next suitable antipsoric; in this way the Sulphur may have to be repeated two, three or four times during an antipsoric treatment. In spite of this truly scientific proceeding in the treatment of inveterate diseases, especially when disorganizations have already occurred, the physician sometimes fails in accomplishing anything, and the disease goes on in its course. Under these circumstances the dose has to be increased, which is sometimes the only means left to benefit the patient.*

In the treatment of acute diseases, success depends entirely upon the proper selection of the homœopathic agent; but there are cases in which the ordinary specifics have no effect. This deficient action of the

* Under these circumstances the most marked success has been obtained from the highest potencies.—HEMPEL.

remedial agents frequently depends upon an impoverished vital force, or upon an excess of vital energy in one or the other part of the disturbed organism, owing to which the curative reaction is either entirely or at least partially prevented; in such cases the patient is first to be mesmerized, after which the homœopathic specific, which would not act before, will become a most efficient agent. Sometimes the want of action depends upon a latent dyscrasia having been excited by the acute disease, which requires a suitable antipsoric to be again reduced to a latent state. Sulphur is generally the best antipsoric to be employed for such purposes, it removes the symptoms which had appeared in company with the acute disease, or, at any rate, it restores the original character of the acute disease, and enables the previously employed remedy to exhibit its full action.

The following observations relative to the treatment of acute affections may conclude our general remarks about the homœopathic treatment of disease. If no change of symptoms occur two, or at most four, hours after the dose has been taken by the patient—provided the dose was of sufficient magnitude—this is a certain sign that the remedy is not homœopathic to the disease, and that another more suitable remedy requires to be selected. But if an improvement commences a few hours after the taking of the first dose, if the consciousness becomes freer, the sleep is more quiet, the skin moist, no other dose or remedy ought to be given until the improvement ceases.

* In acute diseases where life is in the most imminent jeopardy, the medicine may be repeated every fifteen minutes, half hour, hour, or every two, or three hours, provided the physician is sure of having selected the proper remedy. This frequency of repetition is especially admissible in inflammatory affections, asthmatic complaints, typhoid fevers, dysentery, cholera and diseases of a similar kind, etc. The attenuation ought, of course, neither be too high nor too low.

We now come to mention the *fifth fundamental principle* of homœopathy, which is just as important as

it is characteristic of our practice ; it is this, that no more than one remedy at a time ought ever to be given. By mixing several remedies together, in old school fashion, the peculiar effects of each are easily disturbed, or even neutralized, or a compound effect results from that mixture which it is impossible to determine a priori, and which we can only ascertain by proving the mixture upon the healthy organism. This, however, will probably not be undertaken as long as there are simple remedies left of which the physiological action upon the organism remains yet to be ascertained. If the homœopathic physician were to recommend, in company with the homœopathic agent the use of herb-tea, herb-bags, fomentations, injections or ointments composed of medicinal herbs, he would commit the same mistake which we censure in old-school practice, and he could not rely upon the effect of the small homœopathic doses.

Some homœopathic physicians have tried to mix two remedies, one of which seemed homœopathic to one portion of the symptoms, and the other to the remaining portion ; but the results did not answer their expectations, and all good homœopathic physicians were soon convinced that such a course would have occasioned the ruin of true homœopathy, and would have degraded our practice far below the practice of the old school.

It would be as pernicious both to our patients and practice, to mix our remedies, as it is useful in many complicated cases, to use two remedies alternately at suitable intervals. This alternation may be much more rapid in acute than in chronic diseases. In the former the power of a dose is soon spent, in the latter, on the contrary, the functions of the organism are either carried on naturally, or they are too slow or even entirely suppressed. We will illustrate this by a few examples.

Scarlet fever and purpura miliaris are frequently found complicated ; to the former corresponds Bellad., to the latter Aconite, both of which remedies may be given in alternation every three hours, to the great

advantage of the patient. Dulcamara and Belladonna may be advantageously alternated in angina, when either of those remedies seems to be homœopathic to the symptoms. The erethism to which consumptive patients are liable, frequently requires the use of Aconite, Acid. hydroc., Laurocerosus, etc., as intercurrent remedies, and it is good practice constantly to employ one of the latter remedies in alternation with the principal specific as long as the erethism lasts. In croup, Aconite and Spongia, or Spongia and Hepar have been alternated with great advantage by a number of physicians.

The *sixth fundamental principle*, as formerly established by Hahnemann, is, not to give a second dose of the same remedy or to administer a different remedy until the former shall have spent all its power. He deduced this maxim from the fact that many remedies act for days, weeks, and even months. Having at first an implicit faith in that maxim, homœopathic physicians never thought of modifying it in the least. This maxim, however, being an important rule in practice, a number of experiments were instituted to verify it, and it was found that the frequent and successive repetition of a dose of the same remedy was not only useful but necessary to a cure. Even in the first edition of this work the repetition of the dose was adverted to as necessary in some cases, but at that time it was considered an exception to the rule. A repetition of the dose was considered necessary especially in those cases which improved after the first dose, but seemed to relapse into their former condition after the lapse of a few days. Recently the repetition of the dose has become a universally acknowledged rule, and even those physicians who are in the habit of using the highest potencies, do not always administer the whole pellet at once, but dissolve it in water and give one spoonful, or two or three of the solution for several days in succession. The necessity of repeating the dose in many cases having been keenly felt, and that necessity having been established by the observations of a number of physicians, attempts have been made to regulate that

repetition by rules. For instance, it is necessary to repeat the dose if the first dose diminishes the violence, without changing the character of the disease, and if the violence of the attack ceases to diminish after a time. If a second dose effects no farther change but simply prevents the disease from returning to its former violence, this is a certain proof that the organism has become accustomed to the influence of that medicine. If, however, that same medicine continues to be indicated, in that case a lower potency requires to be administered, and to be continued until reaction has evidently set in, which ought not to be disturbed by another dose. If the reaction should cease before the cure is effected, in that case either the same or another more suitable remedy has to be administered.

It is universally conceded that the dose ought to be much less frequently repeated in chronic than in acute diseases where the vital process is carried on much more rapidly than in the former, and where, consequently, the vital powers are much more speedily exhausted. The repetition of the dose cannot be determined by fixed rules, and has to be left to the tact and judgment of the physician; of course he ought to possess the talent to judge with discretion. If highly sensible and active organs are affected, the dose will have to be repeated more frequently, because its power will be spent much more rapidly, as is the case in inflammatory and typhoid diseases. In such diseases the effects of the remedy are perceived very soon, and the dose admits of a speedy repetition. If the effects are not soon perceived, we may conclude with certainty, that either the potency or the remedy was badly selected. In chronic affections the effects of the remedy ought to be perceived in forty-eight or at latest in seventy-two hours; if they are not, the remedy is either not homœopathic to the disease or the potency was not adapted to the susceptibility of the organism.

If by repeating the dose an essential change is effected in the symptoms, this change may be considered a proof that the medicine is no longer homœo-

pathic to the disease ; if circumstances permit, the exhibition of a new remedy may be delayed twenty-four or forty-eight hours ; if the change of symptoms should indicate danger, a new remedy ought to be administered immediately. The dose ought not to be repeated when the disease passes into a new stage, for instance, in scarlatina, after the disease has assumed a new form by metastasis ; in croup, when the disease has passed from the inflammatory stage to that of effusion ;* in smallpox, when the suppurative stage has commenced, etc. These new forms of the disease require new remedies, which are to be repeated if necessary.

It is advisable, however, especially in chronic diseases, not to continue the same remedy too long, even if the dose be changed, lest the organism should become accustomed to its influence, which cannot be useful in the treatment. Instead of repeating the same remedy too often, it would be better to select another remedy which should be as nearly as possible homœopathic to the disease, and to repeat this remedy at suitable intervals, after which the previous remedy may again be given. We do not admit with Rau that in acute cases the higher potencies are more suitable on account of their action being more speedy and shorter in such cases ; for it is known by experience that the higher potencies act more intensely and longer than the lower, that they excite the curative reaction of the organism much more tardily than the lower potencies, and are on that account much better adapted to the treatment of chronic diseases.

The *last fundamental principle* in homœopathic practice is the *diet and mode of life*. This is of the utmost importance, considering the smallness of the dose, which ought to be regulated by the intensity and general character of every case. The strictness of the homœopathic diet is appreciated even by the old school ; it is estimated even beyond its merits, for our

* It is asserted by some pathologists, that what has been hitherto considered different stages of croup, are four distinct varieties of that disease, each of which requires a special treatment, and has no connection with any of the other varieties.—See Hom. Examiner, Vol. IV., 5.

cures are attributed to it exclusively. There is no doubt that everything which might exercise a medicinal influence upon the organism should be carefully avoided during homœopathic treatment, lest the action of the small doses should be impaired. Chronic patients particularly should be submitted to the most rigorous diet, inasmuch as their disease is frequently maintained and even aggravated by faults of diet or other artificial influences which might be avoided. A rigorous diet is sometimes even sufficient to restore the organism without any medicine; at any rate the susceptibility of the organism to the action of the remedial agent is heightened by keeping the organism free from all stimulating and disturbing influences. Every intelligent physician will at once perceive that not every patient can be submitted to such a rigorous diet, and that a man of sixty years for instance, who has been in the daily habit of taking coffee, tea, wine, brandy, or of smoking tobacco and using snuff, cannot be suddenly deprived of those things without detriment to his organism. Hahnemann allowed smoking and snuff; he forbade wine, brandy, and coffee, with great severity. This seems to be inconsistent, and leads us to suppose that in a more advanced age we may except some other things besides tobacco from the general rule of abstinence. But let the homœopathic physician beware lest he should be too lenient in prescribing a proper diet to his patients, and let him be mindful of the proverb: Give him an inch and he will take an ell.

In acute diseases the diet ought still to be much more rigorous than in chronic, and the more so the greater the danger and the more rapid the course of the disease. The physician will not find it difficult to enforce that rigorous diet in acute diseases where the patient has scarcely any desire for anything, and the attendants are of themselves convinced that the strictest diet is of the utmost consequence. If the patient does not wish to eat anything, nourishment ought not to be forced upon him; on the other hand he ought to be allowed to quench his thirst, for which purpose the

patient will generally prefer cold water; he may drink this without fear, provided he does not drink too much of it at a time. When the instinct of self-preservation has again been awakened, the internal sense of the patient is for him such a sure guide in regard to those things which he ought to eat and not to eat, that the patient should not be refused anything without very cogent reasons.

FEVER.

GENERAL REMARKS ON FEVER.

§ 1. According to Hahnemann, the symptoms of a disease are the only portion of the disease of which we can take cognizance. This is accomplished by means of our senses. The internal nature, the essence of a disease, cannot be known with certainty; it can only be conjectured. Hahnemann considered the usual names of diseases as collective names for very different conditions of the affected organism; according to him those names are of no value in the treatment of disease. He considered fever a purely dynamic disturbance of the vital force, affecting both its action and sensibility, and being most distinctly perceived in the vascular system. The principal characteristic of fevers is the changeable nature of their symptoms. Reil (*On the Diagnosis and Treatment of Fevers*, sec. ed., Vol. I., § 24,) says: "Any classification of disease is the work of man, which Nature does not always confirm; on this account we are unable to draw a definite line of demarcation between fevers and those diseases which are not fevers." Von Hildenbrand expresses the same idea in the following words: "*Logica definitio febris dari non potest.*" The great difference which prevails among febrile diseases, and the frequent changes occurring in the symptoms of the different kinds of fevers, make it very difficult to offer a definition of fever that will be applicable to all its varieties. We are not prepared to believe with Eisenmann, Henle, and others, that the spinal marrow is the focus of every fever; we believe, however, that it is that focus in all cases where spasmodic symptoms of any kind form the commencement of the fever, and

the fever is not seen in a distinct form, except after the spasmodic symptoms have been removed. When spasms occur, the spinal and cerebral irritation is evident; but it would be improper to assert that, because such an irritation exists whenever the febrile paroxysm is accompanied with spasms, the spinal marrow must be the primary seat of every fever. This cannot be admitted as long as we do not possess more data to base such a doctrine upon; for the allopathic physician such an admission would be especially hazardous, inasmuch as it would mislead him in his treatment.

The homœopath needs not to embarrass himself with a definition of fever; he is satisfied with Hahnemann's view, which neither injures nor benefits the treatment.

§ 2. The common symptoms of fever which have to be regarded as a reaction of the organism against the morbid cause, are: Increased frequency of pulse and breathing, not depending upon an accidental cause, such as fast running, but upon a disturbance of the vital principle. Increased warmth of the patient, although the temperature of the surrounding air is the same as before the attack; orgasm of the skin, which becomes warm, hot, dry, turgescient, and exhibits a vivid red colour; bright redness of the tongue and mucous membrane of the mouth; vivid and glistening redness of the eyes, etc. Excessive desire for drinks, with dryness of the mouth; diminution of the secretions and excretions, strong odour and high colour of the former. Alternation of warmth and coldness, sometimes at regular intervals. The above-mentioned complaints are accompanied with a general sick feeling of the organism, headache, weariness and debility of the limbs, arrest of the animal functions, increased sensitiveness of the organs of the senses, delirium, spasms, great restlessness, and in general various kinds of disturbances indicating a powerful excitement of the organism.

However, the pathognomonic symptoms, which have been mentioned in the preceding paragraph, would furnish but a very imperfect diagnosis if the physician

did not possess the requisite talent to put a proper estimate upon the concomitant symptoms.

§ 3. In treating fevers it is of importance to the homœopathic physician that he should know the causes of the fever, the local symptoms, the type, duration and period of the paroxysm ; he should know whether the fever is continuous, remittent, intermittent, or alternating—that is, whether it occurs alternately with morbid conditions of another kind. The proper appreciation of these characteristics is of great importance to the selection of the remedy, which can only cure the fever if the group of symptoms which characterizes the fever is likewise peculiar to the remedy ; in proportion as the remedy corresponds more minutely to all the peculiarities of the disease, the cure will be effected so much more rapidly and permanently.

§ 4. We ought not to pass unnoticed the critical phenomena which are observed in fevers. Although we do not, and owing to our different treatment, cannot attach as much importance to them as the physicians of the old school do, yet the homœopathic physician ought not to neglect studying the phenomena by which a crisis is generally characterized, inasmuch as they may occur to him just as well as to an allopathic physician, and he might be misled in his treatment if he did not know them. It is not advisable to endeavour to establish such critical changes by artificial means, for this reason, that we are ignorant of the mysterious processes which Nature, untrammelled and unbiassed by treatment, establishes in disease for the production of such changes. But suppose we knew both the process which Nature adopts in their realization, and the operation of the remedy which is intended to bring about a similar result, in that case it would nevertheless remain a proceeding of highly questionable propriety to substitute an incomplete and often dangerous crisis, obtained by artificial means, in the place of those critical changes which indicate a favourable but frequently insufficient or even powerless reaction of the organism against the disease. We do even believe that those critical changes may be greatly moderated, or even subdued, by homœo-

pathic treatment, without the curative action of the drug being diminished in the least. Those changes, when fully developed, frequently constitute peculiar diseases, which the physician is called upon to treat and to remove. This being our view of a crisis in disease, we shall treat the subject a little farther in detail, and shall, at the same time, mention the therapeutic measures to be adopted when a crisis occurs.

§ 5. Critical symptoms in fevers are: excessive debility, chills, increase of heat, orgasm, vertigo, illusions of the senses, oppression, twitchings of the muscles, or even subsultus tendinum, delirium and cold sweats, accompanied by an unequal, often even intermittent, double-beating, frequent pulse; these symptoms can only be considered critical when they occur spontaneously, without having been occasioned by hurtful influences at a period when a crisis may naturally be expected, and the vital forces are not depressed. If we had it in our power, by establishing such a crisis, to restore in the patient the sensation of a full return of health, it would be foolish not to excite such a short-lasting struggle, and to maintain it until it should have accomplished its object. Very frequently, however, a crisis remains incomplete, the organism makes renewed and ineffectual efforts to complete it, and the result of this struggle is, in many cases, the transfer of the disease to a noble organ, whereby life is not only endangered but frequently terminated. A crisis is a dangerous occurrence in other respects; owing to the general crethism of the organism, the crisis may easily be disturbed, in consequence of which the organism may relapse into the original disease, and, being already exhausted by the first attack, would be much more dangerously prostrated by the second. We will now proceed to a more detailed consideration of the critical phenomena.

§ 6. We believe, with others, that a *critical sweat* is a decisive sign of the equilibrium of the organism having been restored in fever, when the sweat is preceded by several cold creepings over the skin or itching of that organ, when it is accompanied by a soft,

undulating pulse, a warm, soft, moist skin with a reddish tinge, when it covers the whole body uniformly, is neither too profuse nor lasts too long in proportion to the intensity of the fever; when the violence of the symptoms abates during the breaking out of the sweat, and the patient feels relieved. Generally, that sweat occurs as a result of the homœopathic specific, and ought not to be disturbed in any way. The medicine should be stopped, the patient should be covered neither too warmly nor too slightly, he should remain in the same temperature, and keep perfectly quiet. If the breaking out of the sweat should have been prevented, or the sweat itself arrested in any manner, and if, in consequence of that suppression, new symptoms should have made their appearance, in that case the physician needs not to expect anything of the equilibrating influence of the sweat, and has at once to exhibit one of the following remedies in accordance with the symptoms:—Puls., Dulc., Acon., Cham., China, Merc., Phosp. ac., Sulp., and several others. If the sweat be too copious, if the patient feel exhausted while it occurs, and other alarming symptoms set in, the medicine has not been well chosen, and another remedy has at once to be administered, either for the purpose of terminating the sweat or transforming it into one of a favourable kind. The remedies which may be used for that purpose are: Stannum, Sulphur, Merc., Acid. phosp., Arsen., Phosph., Ipec., Bryonia, Verat., Lycop., and some others.

If the symptoms which indicate the probable occurrence of a critical sweat, should be complicated by an anxious restlessness, oppression of the chest, panting breathing, short cough, pains in the limbs, alternation of shuddering and sweat, etc., these symptoms may be considered the precursors of a *rash* which, if the symptoms should be too violent, may frequently be prevented by Acon., Ipec., Bryo., Ars., Merc., each remedy to be administered in accordance with the indicating symptoms. Sometimes, however, it may be deemed advisable to favour the outbreak of the sweat, this result may be accomplished by Puls., Bryo., Cham.,

Arsen., Acid. phosp., Rhus, Staphys., and Sulphur, according as each remedy may be indicated.

§ 7. The *critical urine* is likewise seen in homœopathic treatment and is a so much more favourable symptom than critical sweat as it is not accompanied with phenomena denoting a violent irritation of the organism. It has been frequently observed that a critical urine makes its appearance even after the most minute doses of a homœopathic specific, showing that the reactive powers of the organism are constantly engaged, during a well-regulated treatment, in removing the disease and that these favourable critical changes are not accomplished by large doses of medicine. The precursory signs of a critical urine are: slight burning and pressing in the urinary passages, weight, drawing and tension in the lumbar region, increased desire to urinate, increased dryness of the skin, and increase of thirst, all these being symptoms which do not necessarily require a change of remedy. At first the urine exhibits a light cloud on the top and in the middle of the chamber; the cloud lowers itself more and more day after day, it increases and gradually reaches the bottom of the vase, where it forms a white, slimy, yellowish, flocculent sediment, or one which is light, coherent and somewhat elevated in the middle. The sediment is so much more decisive as it settles more speedily after the emission of the urine and is more copious; it is the more dangerous the longer the urine remains turbid. In general a changeable urine is a very dangerous symptom, as it shows a deficient reaction of the organism.

The following remedies may be used in cases of changeable urine, provided the other symptoms correspond: Canthar., Colocynth., Digit., Sassap., Acid. sulp. and phosp., Dulcam., and others; when the urine deposits a mucous sediment which does not reach the bottom of the vase: Puls., Ant. cr., Natr. mur., Acid. nit., Dulc., Nux v., Senega, Sulp., Sassap. Urine with purulent sediment might be treated with Canth., Sep., Acid. nitri., Puls., Lycop., Clematis and others, [also Mercurius, Cannabis, and Uva ursi.—HEMPEL.]

§ 8. In febrile diseases hemorrhages are favourable symptoms and may be considered critical even by homœopathic physicians, when the hemorrhage proceeds from an organ which is not injured by it, such as the nose, womb, anus, or if the hemorrhage take place in young, vigorous, plethoric subjects, affected with inflammatory diseases, and the congested organ be relieved by it from the excess of blood. Hemorrhage frequently takes place in subjects who have become plethoric by the abuse of spirituous drinks or in whom the choleric temperament predominates; or in persons in whom an habitual hemorrhage which is usually left to nature, has been suppressed by accidental causes. We frequently see hemorrhage taking place in exanthematic fevers. If the hemorrhage be too violent and exhaust the patient, if it proceed from the nobler organs, the lungs, stomach, bladder, if the blood itself be decomposed, in all such cases the hemorrhage loses its critical character and ought to be considered a dangerous symptom characteristic of a special form of fever and requiring specific remedies.

Epistaxis or hemorrhage from the nose rarely occurs suddenly; it is generally preceded by more or less characteristic complaints, such as: heat, redness, puffiness of the face, red, running eyes, scintillations and flashes before the eyes, headache, especially in the temporal region, vertigo, humming in the ears, itching in the nose, throbbing of the temporal arteries and the carotids, distension of the veins, illusion of the senses and delirium; all these symptoms denote a *congestion of blood to the head*. If the physician is able to remove those symptoms by suitable remedies why should he not do so; since he cannot know beforehand whether the hemorrhage from the nose will be of a critical nature, why should he delay treatment until the hemorrhage has actually occurred? According as the constitution and temperament of the patient, the exciting cause, the concomitant symptoms, the time of day, etc., require, he may use Aconite, Bellad., Nux, Crocus, Carbo veg., Cham., Arnica, Pulsat., China, Merc., Ranunc. bulb.,

Secale, Sulphur, or some other remedy. If those symptoms should have been occasioned by a remedy which had been given a little while previous, in that case they have to be met by a suitable antidote.

If the hemorrhage from the nose has already set in, then one of the following remedies is indicated and ought to be selected in conformity with the existing symptoms: Aconite, China, Arnica, Bryon., Pulsat., Ignat., Crocus, Bellad., Carbo veg., Sulphur, and a few more. If the hemorrhage from the nose continue, and great weakness, fainting fits, collapse and other symptoms of depletion make their appearance, it is perfectly proper, even for a homœopathic physician, to make cold water applications to the genital organs. If the blood be entirely decomposed, Kreosot, China, Conium, Rhus, Arnica, Carbo veg., Ferrum acet., Nitri. acidum and Acidum sulphuricum may be of use, each remedy to be given in accordance with the concomitant symptoms.

A similar treatment is adopted by the homœopathic physician in *congestion of the womb and hemorrhage from that organ*. The congestion of the womb is recognised by the fulness, tension, uncomfortableness, the dull and painful drawing along the groin to the ossa pubis; by the peculiar tension in the lumbar region; by the sensation as if the os sacrum had not sufficient firmness. These symptoms are frequently accompanied by a burning warmth in the internal sexual organs, by a pressing in those organs as if every thing would fall out; the lips of the vulva are tumefied and there are occasionally symptoms of nymphomania. The symptoms of congestion of the uterus occur most frequently in those fevers which arise from the sexual organs; hence they occur most frequently during confinement, after suppression of the menses, or when the sexual organs are very irritable, or the uterus and vagina are varicose. Symptoms of congestion of the uterus may likewise occur when disturbances of organs which have a sympathetic relation to the sexual system, are accompanied by febrile symptoms involving the uterine

system by sympathy, for instance affections of the breasts, or of neighbouring organs, in gastric and hæmorrhoidal fevers, or in fevers depending upon congestions in the portal system. It is scarcely necessary to state that the exciting cause of the disease and the disease itself have to be considered in selecting a remedy, nevertheless we may direct the attention of the practitioner to the following remedies when the congestion of the uterus is characterized by the above mentioned symptoms: Belladonna, Hepar sulp., Plat., Sulphur, Mercurius, Nux, Bryon., China, Ipec., Crocus, Murias magnes., Calcar., Carbo veget., Sabina, Ferrum, Secale corn., Ignat., and Thuja.

If the hæmorrhage is inconsiderable or if it occurs at the regular period of the catamenia and affords relief to the patient, she does not require any new remedy; but if the hæmorrhage should increase to a metrorrhagia, the following remedies deserve particular consideration: Crocus, Cham., China, Ipec., Platina, Ferrum, Millefol., Hyosc., Stramonium, Bryon., Ignat., Sabina, Secale corn., Sulphuric acid, Phosp., Calc. carb., Nux mosch., Ratanhia (and the tincture of Cinnamon,—HEMPEL). It is always understood that each remedy should be administered in strict accordance with the symptoms.

The so-called critical hæmorrhoidal flux is likewise preceded by symptoms of congestion which determine the remedy to be selected; these symptoms are: pain in the small of the back as if it would break, and as if there were no power in it; desire to evacuate the bowels and bladder; burning and itching of the anus and of the hæmorrhoidal tumours. If those symptoms occur in fevers, the following remedies may be employed: Nux, Bellad., Ars., Sulphur, Mercur., Ferrum, Ignat., Pulsat., Phosp., Lycop., Caps., Carbo veg., Acid. mur., Acid. sulp., and Acid. nitr. A very troublesome and exhausting symptom in congestion of the anus, is the excessive burning pain of the hæmorrhoidal tumours. That pain is generally caused by an inflammatory condition of the swollen tumours. I have frequently succeeded in relieving it, at least for a few

moments, by repeated smelling of Aconite, without disturbing the action of the principal remedy.

In flowing hæmorrhoids the above mentioned remedies require to be principally employed.

§ 9. As regards the *critical discharges from the bowels* (critical diarrhœa), these ought never to be left unnoticed in the selection of a new remedy. It is impossible to point out with unerring certainty those remedies which will prove the most efficient in those various kinds of diarrhœa for which the organism may be predisposed by a variety of diseases, especially diseases of the abdominal organs. Nevertheless we will mention some of the principal remedies, reserving to us the privilege of speaking of them more in detail when we shall treat of the special treatment of diseases.

§ 10. The same remarks which we have offered on the critical diarrhœa, apply to the so-called critical vomiting. This change which is considered critical by allopathic physicians and which is ushered in by a dirty coating of the tongue and a tensive oppression in the præcordial region, by frequent eructations, inclination to vomit, nausea, great restlessness and anxiety, frequent shuddering and cold sweat, and an irregular and intermittent pulse, requires the employment of a specific remedy. This symptom occurring mostly in gastric, bilious, and pituitous affections, for which Nux, Bryon., Pulsat., Autim. crud., Colchicum, Hellebore, Platin., Secale corn., Cuprum, Veratr., Tart. emet., Ipec., Arsen., Asar., are the best remedies, it is not to be wondered that precisely those remedies should be so efficient in arresting the vomiting together with the disease.

§ 11. An increased secretion of mucus in the lungs after an inflammatory or catarrhal affection cannot always be prevented, even under the best treatment. That secretion is owing to the morbid condition of the mucous glands, occasioned by the previous inflammation. No matter what shape or colour the *expectoration* may assume, ball-shaped, thick, coherent,

yellowish-white, or whether it be considered critical or otherwise, it will be necessary to remove it by suitable remedies, lest a chronic affection, weakness, etc., should be entailed upon the lungs or trachea, which must necessarily be the case if the expectoration is suffered to remain too long. Puls., Dulc., Squilla, Senega, Ipec., Bryon., Stannum, and others, are the principal agents for the removal of such an expectoration.

§ 12. *Critical ptyalism* is one of the least frequent phenomena occurring in fevers. It is seen in several kinds of typhoid fever, smallpox, rash or quinsy, and in other diseases where glandular organs are affected. The precursory symptoms of ptyalism are said to be pain behind the ears, difficulty of swallowing, confluence of saliva in the mouth, other excretions being suppressed for the time. Those symptoms indicate one of the following specifics:—Bellad., Hepar sulp., Sulphur, Mercurius, Dulcam., Acidum nitri., Tart. emet., Cantharides, and others.

The critical changes which have been enumerated in the preceding paragraphs may generally be considered favourable if they occur at a period of the fever which has the character of a critical period, if they are accompanied by an essential alleviation of the symptoms, or if they do not depress the vital energy; or lastly, if the critical reaction of the organism cannot be ascribed to other causes. Under homœopathic treatment that critical commotion of the organism may be occasioned by too large a dose of the homœopathic specific, and would not have occurred if the dose had not been too large.

§ 13. It is just as important for a homœopathic as it is for an allopathic physician to know the *general remote causes* of fever; without that knowledge it is scarcely possible to establish a correct diagnosis, and to treat the disease successfully.

The exciting causes of fever are very various; constitution, sex, age, mode of life and occupation, the natural evolutions of the organism, may be such

causes; physical exertions, injuries and wounds, internal inflammations, suppurations and ulcers, etc., may likewise occasion fever.

Fevers may be caused by external influences not depending upon any innate morbid disposition; such fevers are a kind of poisoning of the organism, and may be considered epidemic and contagious. Such external influences are:

(1.) *The atmospheric air.* In spring, for instance, when the weather is liable to sudden changes, and a warm atmosphere frequently alternates with rain, wind and cold, catarrhal and rheumatic fevers are predominant; in the summer, when the energy of the body is depressed by hot and sultry weather, and the digestive and assimilative powers are weakened, the organism is predisposed for bilious and gastric fevers; in the fall the sudden succession of warm days and cold nights predisposes man for pituitous, typhoid, putrid, and other kinds of dangerous fevers; in the winter season, fevers have generally an inflammatory character, occasioned by the cold, dry, raw, and cutting air. Epidemic malignant fevers generally cease in that season. An atmosphere filled with electricity, gases, and with the vapours arising from marshes, is likewise favourable to the occurrence and development of fevers. If the weather which generally prevails in the different seasons, deviate greatly from its usual state, the character of the fever is, of course, correspondingly modified. Lastly; fevers are more or less influenced by the stars, which affect organized bodies either directly or indirectly, by means of causes or conditions controlled by the influence of the heavenly bodies. The state of the weather, for instance, which has the greatest influence on the animal organism, is regulated by the heavenly bodies. Who does not know the influence of light, heat, sun and moon, upon all organic beings?

(2.) *Contagia and Miasmata.* Among these may be numbered poisonous influences arising from decaying plants and animals, exhalations of plants and animals in close rooms, becoming deleterious on ac-

count of not being replaced by fresh air. If one man in such rooms is attacked with fever, all the others are. It is an established fact, that the first cases of fever are occasioned by the epidemic miasm; but in the patients who are first attacked with the epidemic fever, a contagious principle is afterwards engendered capable of propagating the disease, so that contagium and miasm support one another.

(3.) *Passions and emotions*, fright, anger, joy, intoxication, disturbance of the mind by anxiety, surprise, etc., and in general violent concussions of the body, may occasion fevers. Anger may occasion a bilious fever and inflammation of the brain; silent grief about disappointed love may bring on a slow typhus, and the most malignant fevers may be caused by fear, anxiety, fright, constant care and despondency.

(4.) *Derangements of the intestinal canal*, produced by overloading the stomach with things which are not hurtful in themselves; but especially by taking improper food and drinks, large portions of drugs, etc., may occasion fevers. Fevers may be excited by eating a piece of fattened goose, duck, or pork, or by eating a certain kind of fish, or rather the spawn of that fish, such as sturgeon, barbel, etc.; also by eating crabs and lobsters, oysters, clams, and mussels; by spices, herbs, roots, mushrooms; barberries, juniper-berries, bitter almonds, unripe fruit, may likewise excite a febrile sensation in the organism. Can the morbid power of spices and of the pastry prepared with spices be denied? Although we are by no means opposed to the moderate use of wine, or of a well-fermented and pure beer, and cannot chime in with those who condemn those beverages as injurious to health, yet we do not hesitate to denounce any abuse which is made of them, as well as the use of hot, spiced wine, or beer mixed with stupefying and heating herbs. All such beverages have a tendency to produce disease. Who is not acquainted with the febrile conditions which may be excited by the abuse of China, Mercurius, Sambucus, Valerian, Chamomilla, and other remedies?

Want of those things which are necessary to sustain life.

§ 14. The general division of fever into classes is of no essential value to a homœopathic physician, as that classification depends principally upon the arbitrary disposition and the individual views of physicians. All fevers, without exception, have been classed according to that part of the system which is the primary seat of the affection, or according to their type and course; such a classification is both incomplete and insufficient in practice. In one word: there is no isolated form of fever; every fever affects primarily one or the other organ, the brain, the spinal marrow, the ganglionic system, the lungs, the abdominal organs, the skin, the mucous membranes of the air-passages, etc.; hence every fever is one of a different kind, the difference being founded both in the nature of the affected organ and in the character of the fundamental affection. Owing to the great variety of the febrile symptoms, it is impossible to class fevers according to determinate forms. The only classification possible is one of the general phenomena occurring in the various kinds of fever. Every particular group of those phenomena can easily be named by the physician for his own gratification and that of the attendants of his patient, and can easily be classed provided the organ which is affected, and the manner in which it is affected, are considered. It is scarcely necessary to state that the treatment ought not to be based upon the mere name.

According to their characters, fevers might therefore be divided into

(a.) *Synochal, sthenic, inflammatory, arterial* (Synocha; synochal reaction, according to Canstatt). This kind of fever is characterized by great heat, glowing, hot, and dry skin; accelerated, full, hard, tight, sometimes subdued pulse; distinct beating of the carotids, and temporal arteries; bright-red, frequently white-coated, and mostly dry tongue; hot breath and hot mucous membrane of the mouth; great thirst; delaying or suppressed stool; bright-red, fiery and burning

urine, depositing a sediment. Violent restlessness; painful sensation of debility; frequently the patient experiences violent headache, especially in the occiput, sleeplessness, delirium, sensibility of the organs of sense. Glistening eyes. The phenomena of the fever scarcely ever remit.

(b.) *Synochus* (erethic reaction according to Canstatt). This is a form of fever occupying a middle rank between synocha and typhus, without inclining to either side except when the fever lasts any length of time, or when the fever patient is constantly exposed to hurtful influences, in which case the erethic form may pass over either into the synochal or the typhoid. Erethismus is characterized by moderate heat and a slight exhalation from the skin; the pulse is full, accelerated, but neither hard nor tight; the tongue is slightly coated and moist; thirst is moderate; the alvine evacuations are not entirely suppressed; the urine exhibits a slightly reddish tinge. The general strength of the organism is but slightly affected by this febrile form, which is moreover characterized by distinct intermissions.

(c.) The *typhoid form* is a peculiar affection of the nervous system, disturbing the equilibrium of the vital energies which is maintained by the nerves. In real typhus the functions of the brain and nerves are entirely prostrated; the strength of the patient fails visibly and there is a tendency to disorganizations and to decomposition of animal matter. Typhus is characterized by irregular and violent manifestations, and by illusions of the senses, muscular debility, exhaustion, but neither paralysis nor complete prostration.

Canstatt considers typhus as a variety of synocha and synochus. According to him there is another distinct form of fever, which we on the contrary consider as a termination of one of the preceding forms; this is

(d.) *Torpor*. Torpor is characterized by a collapse of all the organs; pale, cold, dry skin which is liable to break; dry and cracked mucous membrane of the mouth; frequently a disagreeable, pricking heat of the

skin, or else cold, clammy sweats; colliquative sweats and diarrhœa; collapse of the features, faint eyes; sudden emaciation; pulse frequent, quick, empty, small, easily compressible; hemorrhage, petechiæ, ecchymosis; speedily increasing prostration of strength; excessive muscular debility, tremor, subul-tus tendinum, delirium, paralysis. There is a striking opposition between the objective and the subjective symptoms; for instance, the patient's tongue is dry and yet he is not thirsty; his skin is cold and yet he complains of a glowing heat; illusory strength, etc.

With respect to their type, those different forms of fever may be divided into continuous, remittent, or intermittent, irrespective of their fundamental character. Continuous fevers are such as exhibit the same phenomena during their whole course and rage with the same intensity from the commencement of the disease to its crisis. Fevers are called remittent when they exhibit, it is true, the same phenomena during their course, but with a periodical increase and decrease of intensity. Intermittent fevers are such as are characterized by remissions of a definite or indefinite length, during which the patient sometimes appears perfectly healthy.

Fevers may likewise be divided into sporadic, endemic, epidemic, and still other classifications might be established, which, having no practical value, are here omitted. We content ourselves with recalling to the minds of our readers what has been said page 41 about the influence of the permanently prevailing, endemic or epidemic character of disease in a certain region upon any of the above mentioned forms of fever; this influence deserves the closest attention in the selection of a remedial agent and is greatly concerned in the ultimate result of the treatment.

§ 15. To establish a prognosis in fevers, is not so very easy, inasmuch as the momentary indications, which are frequently deceptive, are by no means sufficient; a prognosis which is to be well founded and to bear the highest character of probability, must be based upon a correct estimate of all the circumstances

and of the whole image of the disease, upon a careful consideration of the constitution, disposition, age and external condition of the patient, of the state of the weather, of the season, and the simple or complicated character of the fever; a good deal of discretion is required to establish a good prognosis. Although it is impossible to foretell the issue of the fever at the very commencement of the disease, inasmuch as the practitioner cannot possibly foresee all the hurtful influences which may complicate the course of the disease and interfere with the treatment: yet the homœopathic physician, confiding in his therapeutic law by virtue of which the well-chosen homœopathic specific will act directly upon the focus of the disease and excite a corresponding curative reaction in the organism, is enabled to prognosticate with tolerable certainty the termination of the disease, provided the above mentioned conditions of a well-founded prognosis are fulfilled.

The prognosis is generally favourable, when the patient has a vigorous constitution and has led a regular mode of life; when the pulse is regular, soft, not too frequent; when the breathing becomes freer and more regular; when the nervous system is but little affected and the expression of the countenance is natural; when the general and especially the muscular strength is good; and, lastly, when the secretory and excretory functions are not interrupted.

The prognosis is unfavourable when the constitution of the patient has been weakened by former excesses or by violent diseases, when, therefore, the strength of the patient must be greatly prostrated and the reaction very deficient; when the pulse is very frequent, weak, and irregular; when the nervous system is violently affected, the patient is delirious, and the hands and tongue tremble; when there is subsultus tendinum, floccitation, hiccough. It is likewise an unfavourable symptom, when the patient remains extended on his back without ever changing his position, or when he settles downward in his bed. Unfavourable symptoms are likewise: general apathy; involuntary emission of

urine and involuntary alvine evacuations ; retention of urine ; complete alteration of the expression of countenance (hippocratic countenance) ; convulsions ; loss of sight ; dropping of the lower jaw ; irregular breathing when there is no particular affection of the chest ; hurried, superficial breathing, interrupted by occasional sobs ; difficult deglutition, or a noise when swallowing, as if the swallowed substance fell into the stomach ; cold extremities, with cold clammy sweats, etc.

There remains to be stated, that the occurrence of only one unfavourable symptom does not constitute an unfavourable prognosis, but the prognosis is unfavourable when several of the aforesaid phenomena occur simultaneously.

§ 16. Fevers may terminate in three different ways. These terminations are, (a,) recovery ; (b,) passage into another disease ; (c,) death. The fever terminates in health when it runs through its course regularly, when the critical changes occur regularly, are duly appreciated by the physician, and are not disturbed by external pernicious influences ; when the constitution of the patient has not been weakened by other causes and the more important organs have not been disturbed. We frequently notice the fact, that patients who recover from a fever, feel better after the fever than they did before. The fever passes into another disease when the favourable conditions which have been mentioned in the preceding paragraphs, do not occur. Either the whole character or only the external form of the disease is changed ; or else the disease invades a totally different part of the organism (metastasis), or it assumes a new form by metaschematismus. Death is to be prognosticated when the functions of a noble organ have been disturbed, in consequence of inflammatory affections, disorganizations (a cure is frequently effected under those circumstances, by homœopathic treatment), suppuration, gangrene, or in consequence of a complete prostration of strength, and consequent cessation of the organic functions.

§ 17. It would be a foolish undertaking to indicate

a general method of treating fevers according to homœopathic principles; it would be a useless filling up of space, inasmuch as no physician would venture to prescribe a single remedy without having carefully examined the group of symptoms to which the remedy is required to correspond. It is almost superfluous to remark that a cure according to homœopathic principles cannot be effected unless the pathogenetic effects of the remedial agent are entirely similar to the perceptible phenomena of the disease. Ebermaier says, in his Clinical Pocket-Manual: "Those physicians have been most successful in the treatment of fever who have employed the simplest methods of cure, no matter how frequently the epidemic diseases, the habitual morbid influence of a region, and the methods of treatment may have changed." Is there a simpler and at the same time more natural method of cure than homœopathy, which accomplishes so much with simple means specifically adapted to each single case.

An important object in the treatment of fever is a *suitable diet*, which we mention here generally, and to which we shall refer in our chapters on the special treatment of fever. The physician will have to exercise his own discretion in adapting it to the wants of the patient in every single case. Fever patients generally use but few things, but every thing which the patient ought to do and not to do, requires to be carefully stated.* The first thing which the physician has to attend to, is the patient's habits; these have to be duly considered in prescribing a diet for the patient. The patient ought not to be removed from a bed to which he is accustomed, nor ought he to be transported into a different bedchamber; if he has been accustomed to quiet, let quiet be preserved; if he has lived amidst noise and prefers it, let him continue the enjoyment of it; if the patient has favourite drinks, such as brandy, wine, coffee, etc., the physician has to consider the age of the patient, and the length of time during which those beverages have been his favourite and habitual

* See Dietetic Rules for the Sick, etc., by Dr. F. Hartmann, Dresden and Leipsic.

drinks; and the physician will determine accordingly whether the patient can be suddenly deprived of them without injury. In fevers the patients do not find it very difficult to abstain from those things, as there exists generally an aversion to them.*

The *temperature* has to be carefully regulated agreeably to the feelings, habits, and wishes of the patient, and in accordance with the nature of the fever and the periods when it occurs. In fevers which are characterized by an undue degree of heat, the room ought to be kept cool, in order to avoid increasing the oppression and anxiety of the patient by an excess of artificial heat; if the fever heat abates, the temperature of the room may be elevated in proportion. The temperature of a sick room ought never to be below 25° Fahrenheit, nor above 45°; the best temperature is between 35° and 38°; if then the room appear too cold to the patient, he may have an additional covering. The air in the sick-room ought to be dry and pure. Rooms in a recently built house, or which have been recently whitewashed are not suitable for fever patients, as they are too damp and therefore make the air impure by the vaporous exhalations from the walls; the air is likewise made impure by hard-coal or peat fire, by coal burning in an open furnace, by drying linen, hard or pine wood, or by keeping in a room flowers and vegetables that have a strong smell; by fumigations with substances that are more or less medicinal; even fumigations with vinegar cannot always be admitted under homœopathic treatment, because vinegar antidotes many vegetable medicines and must therefore possess medicinal virtues. All these things have to be avoided; the lighting of a sulphur-match has likewise to be avoided lest the action of the homœopathic agent should be disturbed. A moderate degree of light, in the room, is likewise essential to the comfort and even the cure of the fever

* Some persons are accustomed to the use of things which are injurious to them, for instance the use of coffee, tea, tobacco, etc. The use of any such things is to be positively interdicted during treatment, and is to be permitted only if the patient experience pleasing effects from them.—HEMPEL.

patient; if the eyes be very much inflamed and sensitive to the light, or if the light increase the irritation of the brain, the room ought to be kept dark.

Inasmuch as the doors of the sick-room require to be closed in order to prevent currents of air, it is important that the air should be occasionally renewed by opening the windows or by some other mode of artificial ventilation. This renewal of the air requires to be repeated in proportion as the room is lower and smaller.

§ 18. The nourishment which we permit our patient, likewise depends upon the nature of the fever. The fever patient having generally no appetite for any solid food, we need not apprehend that he will aggravate his sufferings by an error in diet; nevertheless it is important that whatever nourishment the patient does take, should be carefully selected. If he should express an irresistible desire for one or the other kind of nourishment, the demands of nature must be carefully observed, and the patient must neither be flatly refused what he desires to have, nor ought he to be persuaded to take more of it than he wants. The fever patient generally desires such kinds of food or beverage as will palliate his sufferings; the substances which the patient desires, are not so much medicinal as necessary to satisfy a want. If the cure of the disease should be retarded by the moderate enjoyment of those things the damage will be easily repaired or even outweighed by the new energy imparted to the vital forces by the homœopathic remedial agent, and by the refreshing delight and invigoration which the patient experiences from enjoying the desired food or beverage.*

The fever patient eats only when he is hungry, and no more than is necessary to satisfy his appetite. The general rule, however, is, that the patient ought to eat little and only light food. The patient will not frequently desire warm food; if he should desire any,

* See Organon, § 265 and 266.

he may take a little warm panado, or a light broth with grits, barley, rice, sago, salep, oatmeal, oatmeal-cake. If the fever be not very violent, the broth may be a little stronger, and the patient may even be permitted a dish of light meat, venison, poultry, which is not too young, a piece of delicate beef, in company with either of the above vegetables. In proportion as the fever decreases, and the appetite of the patient returns, he may be allowed green vegetables, such as: cabbage of various kinds, savoy, cauliflower, peas, carrots, green beans, soft-boiled eggs, and the above-mentioned dishes of rice, barley, etc., with the yolk of an egg, may likewise be allowed.

The best kind of food in every stage of the fever is undoubtedly fruit. Among the apples, Spitzenberg, pippins, and love-apples, are undoubtedly the best for the patient, especially when prepared as a marmalade; he may likewise eat pears, prunes, either fresh or dried, stewed and preserved without spices; sweet cherries, grapes, strawberries, peaches, apricots, oranges, figs, melons, pineapple. Of course all those various kinds of fruit ought to be enjoyed with moderation, lest the saccharine matter which they contain should accumulate in too large a quantity and give rise to flatulence, which might become very troublesome and increase the fever. In erethic fevers, with disposition to diarrhœa, the physician will have to be very cautious in recommending the use of fruit; in many cases that use will have to be interdicted entirely.*

§ 19. The beverage of fever patients who frequently suffer with burning thirst, deserves particular consideration. It is inexpedient to give the patient no other but warm drinks, for these do not always quench his thirst. But it would be just as improper to give the patient iced water or other icy-cold drinks; a medium temperature is the best; let the drinks which the patient takes be cool, but neither warm nor icy cold.

* Raw fruit of any kind is hurtful in most cases of fever, and ought never to be allowed. I have seen violent relapses into bilious and intermittent fever occur in consequence of the patient having eaten a piece of raw apple.—HEMPER.

The reviewer of the first edition of this work disapproves of water which has not been drawn fresh from the well ; he thinks that fresh water is the best beverage for the patient, and will refresh him most, provided it is given by the spoonful. Fever patients sometimes will require more than a spoonful of a drink, in which case the icy-cold water would not be a suitable drink. The water which the patient drinks in the winter-season ought to have been standing in a warm room for several hours. If the physician were to permit his patient the unlimited use of icy-cold water, and the patient should die, this sad result might be attributed to the use of that liquid, whereas the use of moderately cool water will not be hurtful to the patient, if the homœopathic remedy have been otherwise well selected. The use of icy-cold water, which is insisted upon by cholera patients, is in their case an exception to the rule, which cannot be made a law for all fever patients. It cannot be decided beforehand when and how much the patient is to drink ; this depends upon the violence of the fever and upon the wants and desires of the patient ; it would evidently be cruel to let the patient suffer thirst. If the patient be deprived of his senses, and the dryness of the lips and tongue and the frequent licking indicate an intense thirst, the attendants ought frequently to offer the patient drink. When the patient is thus panting after a little refreshment, he may occasionally be given a teaspoonful of a mixture of orgeat and the juice of cherries, mulberries, or sweet oranges. This compound is extremely refreshing, and does not injure the effects of the medicine. It is proper never to allow the patient too much drink at once, but little at a time and frequently.

The best drink is pure spring water. This is the best drink to quench the thirst. If the patient should get tired of the pure water, it may be boiled (which ought especially to be done if the water cannot be had pure), after which it is to be cooled again, and a slice of toasted bread or rusk to be soaked in it ; or the water may be boiled together with the toast, and afterwards

filtered through a piece of linen. This liquid may be sweetened with sugar, raspberry, cherry, althea, mulberry, or apple-juice; the yolk of an egg may be added, or a refreshing lemonade may be prepared out of it by dropping a few drops of the juice of an orange or that of fresh grapes into the liquid. Whether lemonade made of lemon-juice can be allowed depends upon circumstances, and has to be left to the decision of the physician. Decoctions of dried apples, cherries, and prunes, are likewise pleasant and allowable.

The next drink, after water, is boiled milk, which cannot be used, however, in all kinds of erethic fever, without injuring the patient. The same observation applies to buttermilk, which, although generally pleasant and useful, yet has to be used with great caution in gastric and pituitous fevers. The patient may likewise use the so-called white German ale.*

Oatmeal gruel, rice, and barley-water, and other slimy decoctions of a similar kind, are likewise very agreeable; also decoctions of both fresh and dried fruit, orgeat made of sweet almonds; malt-drink, prepared by pouring over three or four tablespoonfuls of malt a quart or three pints of boiling water; and various other decoctions.

Moreover, the patient may use broth, a light warm beer without spices, an infusion of roast and ground cacao, chocolate without spice, and an infusion of althea, with or without a little liquorice.

§ 20. Mental and physical quiet is an important requisite for the successful treatment of fever. The patient has to be on his guard against vehemence, or against emotions of any kind, on which account it is advisable that no one but the necessary attendants should have access to the sick-chamber. Hope and confidence are the only emotions which exercise a soothing influence on fever patients.

§ 21. Quiet sleep being very desirable to the fever

* This is beer made of pure malt, which has fermented in the open air; it is a mild and pure beverage, and does not affect the brain. The patient may use it diluted.—HEMPEL.

patient, all unnecessary attendance in the sick-room ought to be avoided, nor ought the frequent closing and opening of the doors to be tolerated. The patient ought to rest upon a mattress, and be covered with a light quilt.*

§ 22. Cleanliness and proper clothing deserve great attention in fevers. However much the bulk of men may be prejudiced against washing the hands and face of a fever patient with tepid water, this is no reason why the homœopathic physician should conform to that prejudice. After being washed with tepid water the patient feels invigorated and refreshed. If the exhalation from the skin be very considerable, it is even necessary that the whole body should be washed with tepid water every three or four days, observing the precaution, however, to dry the body immediately. The cure is promoted by a frequent change of linen; if the patient perspire a good deal, his linen ought to be changed several times a-day, always observing the usual precaution. The patient ought never to have on too much covering, lest an unnecessary perspiration should be induced. In order that the patient may not be obliged to have his breast constantly covered with the bed-cover, and may be allowed to keep his arms upon the cover, he ought to wear a vest over his night-shirt, which is to be made of cotton in summer, and of wool in the winter.

SPECIAL PATHOLOGY OF FEVERS.

FIRST CLASS.

FEVERS AFFECTING PRINCIPALLY THE CIRCULATORY APPARATUS.

§ 23. *Synochal or simple inflammatory fever.*

A better knowledge of human diseases and an almost boundless experience have convinced modern physicians that a pure synochal fever either does not

* The Germans are in the habit of using feather-beds as a covering, which ought not to be tolerated in the sick-room, except when the patient complains of excessive cold, in which case a very light feather-bed may be used.

exist, or at any rate that it does not exist long without affecting a special organ, and that it occurs especially as an accompanying symptom of inflammation. Not being an idiopathic disease, it is not subject to any fixed therapeutic rules. We have long meditated on the subject whether a pure synochal fever ought to be mentioned in a work on pathology. In treating of the special diseases we found ourselves frequently obliged to repeat certain general remarks, and we therefore concluded to devote a few pages to the pathology and treatment of that class of fevers, in order to be able to refer to that chapter whenever occasion should require. The synochal fever occurs not only as an accompanying symptom of inflammatory diseases, but also in young, vigorous, plethoric subjects, after wounds, burns, etc., in the shape of a febris irritativa, and as such requires the attention of the physician. The simple, benign, acute, ephemeral fever requires no medical treatment, except when the fever assumes a different form in consequence of the reaction of the organism having been interrupted by the indiscreet conduct of the patient. Another fever arising from an irritation of the organism, is the fever of dentition, which is more closely related to a synochal fever than is any other kind of fever.

According to Schœnlein the synochal fever is of the species of phlogosis; he places it under the head of arteritis and phlebitis. Our opinion is that Schœnlein's view is confirmed only in a few cases, and that the synochal fever is scarcely ever sufficiently developed to deserve the appellation of either arteritis or phlebitis.

All the symptoms of an inflammatory fever show that the irritable sphere is principally affected, the heart and the blood vessels are irritated, their power being apparently increased, and the temperature of the body being considerably elevated. The nervous system and the digestion are less affected, hence it is that the sensations of the patients are correct, definite and clear, and that he is fully conscious of his complaints and feels his sufferings intensely. When the

cerebral irritation is considerable from the very commencement and the delirium is more continuous, there is ground for apprehending a typhoid fever.

The fever commences with a violent chill, followed by continual heat, the pulse is hard, full, accelerated, not easily compressible, the tongue is dry, slightly coated, and the skin is dry; the dulness and heaviness of the head, which exist in the commencement of the paroxysm, soon pass into an aching and pulsating pain, especially in the forehead; the face becomes red, hot, the eyes shining, and, in sensitive subjects, the erethism increases even to spasms and delirium. The breathing is hurried, anxious, the breath hot and dry; the arteries throb, the secretion of urine is diminished and the urine itself is red and fiery; the thirst is excessive. The restlessness and anxiety increase, alternating with interrupted slumber and stupor. The appetite disappears, but the heat and dryness of the mouth occasion an increasing desire for cold water. Perspiration affords relief, but the skin is generally dry and hot. The symptoms are worse in the evening; their violence begins to abate after midnight, and is least in the morning.

A general inflammatory fever seldom exists without some local inflammation, especially when there is a congestion of blood to a special organ in the commencement of the disease, in which case the pulse is contracted, small, but hard. These fevers are frequently accompanied by bleedings, especially from the nose, which, however, afford a good deal of relief.

Synochal fevers seldom last long unless they have become complicated by the supervention of some other affection, or have passed into a different form of fever; they frequently terminate after a short duration by a critical sweat, and a turbid urine depositing a sediment.

§ 24. The prognosis of an inflammatory fever is favourable. Such a fever is never fatal of itself. It may become so, however, by passing into another disease or by terminating in exhaustion, which is the case when the fever becomes complicated with in-

flammation of a noble organ, of the veins or arteries, or when a typhoid condition supervenes. In giving a prognosis the physician has to consider the peculiar character of the disease in the case of his patient, and the individuality of the latter.

Among the exciting causes we may notice the following: the tendency to epidemic diseases and the peculiar character which diseases are disposed to assume, more particularly in spring and winter when north-westerly winds prevail; the excessive use of stimulating and heating food, producing a corresponding excess of animal life; suppression of the activity of the skin and of other secretions, échauffement, violent exercise, abuse of spirituous drinks, contagia, wounds, burns, dry and cold air, not to forget violent emotions, such as fright, fear, chagrin, anger; or the violent irritation which children suffer during the period of dentition.

§ 25. In treating these fevers we have, in the first place, to consider their character and course. At the commencement of the fever, it is not very difficult to select a remedy. The business of the physician is to allay the fever before the local inflammation has developed itself. There is no better remedy to allay the fever than Aconite. The physician is scarcely ever sent for during the chill, as it is supposed that this chill, which sets in suddenly and without any precursory symptoms, is a merely transitory symptom the end of which ought to be awaited first before sending for a physician. If the physician were sent for during the chill, it would not be advisable that he should administer a remedy before the second stage has made its appearance; for in that stage it is much easier to select a remedy, inasmuch as the symptoms of the case have become more numerous and more characteristic. In general it is not advisable to exhibit the homœopathic remedy during the chill, as we have abundant evidence of the fact that, by so doing, the disease is considerably increased.

The essential sphere for the action of Aconite are the erethic fevers, the inflammatory erethisms of the

vascular system, and the first stage of catarrhal, rheumatic, and traumatic inflammations; hence that sphere extends from the simple ephemeral erethisms up to the synocha, and from the simple catarrhal and rheumatic fever up to the most intense phlogosis, without any marked local affection. Aconite is a true universal remedy, our most charming antiphlogistic, superior to venesection, leeches, and cupping; it cures without depletion, and in a much shorter time than those violent means which weaken the organism and reduce its vital energy. Any one who is acquainted with the physiological effects and the true character of Aconite, must certainly know from experience that Aconite can only do good in the sphere of action which we have assigned to it, provided the dose is proportionate to the susceptibility of the patient's organism and the intensity of the disease. Aconite is a specific remedy in inflammatory fevers with congestion to the chest or head, the pain which the patients suffer, appears intolerable to them, they are exceedingly nervous and restless; this is especially the case with young, lively, plethoric subjects leading a sedentary life. Aconite is especially useful in fevers which are occasioned by raw north-westerners or by a current of air, and which are characterized by the following symptoms: great general heat, especially about the head and face; vivid redness of the cheeks, great thirst, stinging, beating headache and excessive painfulness of the whole head, vertigo and nightly delirium, restlessness, moaning, anxiety, tossing about in consequence of the limbs feeling bruised and paralyzed; alternation of chilliness and dry, burning heat, with shortness of breath and dry, hacking cough; intolerance of noise, ill humour, despondency even unto weeping; glistening eyes, roaring in the ears, great irritation of all the senses; dryness of the lips, mouth and tongue; hasty and tremulous speech, burning unquenchable thirst, bitter taste with empty eructations and with a qualmish feeling in the pit of the stomach; scanty secretion of a highly-coloured, hot urine.

The dose should be adapted to the age and constitu-

tion of the patient. In the commencement of the disease, and in young and delicate patients, the higher attenuations are sufficient; full-grown, vigorous patients, and the later periods of the fever, require stronger doses, sometimes even a drop of a lower attenuation. This kind of fever generally resolves itself into a sweat, which is extremely salutary and beneficent in those affections, and is so much more decisive as its appearance has been speedily induced by the homœopathic agent. It is highly improper to elicit the sweat by artificial heat, whether externally or internally applied. The best means to cause the sweat to break out is a suitable dose of Aconite, which may be repeated at proper intervals and whose action may be assisted by giving the patient as much cold water as he desires. If the sweat breaks out, and the urine becomes more watery, the fever is broken and no farther medication is required.

If the synochal fever be merely an accompanying symptom of a local affection, our first duty is to moderate the fever, unless we know a remedy which covers both the fever and the local affection. Even in most of these cases, Aconite is the principal remedy, corresponding both to internal inflammations and to inflammatory cutaneous diseases. We refer the reader to the second division of the first volume, where both classes of diseases are treated in detail.

There are several other remedies, besides Aconite, which may be used for the cure of synochal fever, but they are much less important than Aconite, and can only be employed when the fever assumes a particular form from the commencement, when it is not very violent, when the orgasm is confined to certain regions, and when secondary symptoms occur. The principal remedies, next to Aconite, are: Bell., Bryon., Mercur., Canthar., Cham., Arnica; other remedies which have been placed in the same category with the preceding, do not properly belong here, as they are given in diseases where the fever is merely a sympathetic affection.

Belladonna is the principal remedy, and ought to be

given after Aconite, in cases where the cerebral system is principally affected, and the following symptoms occur: burning heat, especially of the head and face, the latter being red and puffed; strong, quick, full pulse, violent burning thirst, intense delirium, especially at night, vertigo and aching in the forehead as if it would burst; red, shining eyes, anxiety and restlessness, and tendency to start.

Bryonia is indicated when the orgasm of the blood is principally confined to the organs of the chest, accompanied with great erethism of the vascular and nervous system; burning, dry heat mingled with chills, violent thirst, headache as if the whole contents of the head would issue through the forehead, anxious sleep, disturbed with moans, short cough and oppression of the chest. In a synochal fever of that sort gastric symptoms frequently supervene and change the synocha to a synochus; for many complications of that kind Bryonia is likewise the specific.

Mercurius acts similarly to Bryonia, with this difference, that it is not so much indicated by local symptoms as Bryonia, and it is principally required in inflammatory fevers characterized by erethism of the nervous system, a disposition to profuse sweat, an accelerated, irregular pulse, and excessive thirst with desire for icy-cold water. These symptoms are accompanied by dulness of head, and a pressure in the parietal regions from within outwards, undulations and beatings in the sinciput. The supervening gastric-bilious symptoms likewise indicate a complication or rather the transition of the pure synochal into a gastric fever, for which Mercurius is likewise a specific.

Cantharides are indicated in violent burning fever, especially at night, with accelerated, strong pulse, general redness of the skin, violent thirst and dryness of the mouth, accompanied by painful sensations in the right side of the body, great anxiety, delirious talk about business, etc.*

Neither Cantharides nor Chamomilla can be said to

* Especially when there is a frequent desire to urinate.—HEMPEL.

be indicated in pure inflammatory fevers; the fevers for which those remedies are indicated consist rather of attacks of heat having the character of a synochal fever; the fevers indicating Chamomilla are characterized by heat mingled with occasional chills, by bright redness of the cheeks, tremulous and anxious palpitation of the heart, great irritability of temper and excessive sensibility of all the senses, etc. Chamomilla corresponds especially to those fevers which have been occasioned by anger and chagrin (giving first, however, a few doses of Aconite), and are generally accompanied by spasmodic symptoms.

Arnica corresponds only to such inflammatory fevers as have been occasioned by contusions, tearing of muscles, and wounds of any kind; the violence of the orgasm requires in the first place to be moderated by Aconite. If the injuries are very considerable, dilute tincture of Arnica may be used externally, in the shape of a wash or a poultice.

§ 26. *Fever of dentition.*

The cutting of teeth is no disease of itself, but a natural occurrence in the period of evolution. It is a stage in the physical development which marks at the same time the commencement of the intellectual life of the child. At that period the child begins to utter articulated sounds and to exhibit signs of rationality.* Life, in this period, is liable to the same dangers as in the other periods of development. If the irritation produced by the cutting of teeth be very violent, which will generally be the case when several teeth are cut together, a febrile condition is induced resembling so closely a synochal fever that we deem it expedient to speak of it as belonging to that class of diseases. In order not to scatter the various ailments occurring during the period of dentition, through separate parts of this work, we shall describe them all in this chapter.

* The great French philosopher, Charles Fourier, author of the *Doctrine of the Universal Association of Capital, Labour and Talent*, says, in his great work on that subject, that the period of dentition is the time when the soul truly conjoins itself to the body; previous to that time the organism merely vegetates and exists from the same general vital principle that sustains the life of the planet.

Not all the morbid phenomena occurring during the period of dentition, are directly occasioned by the rupture of the gums; these phenomena as well as the teething itself are developments which belong to one another, and are characteristic signs of a new period of life upon which the child has entered; the child's individuality becomes more marked and the child is less dependant on the mother. Upon reviewing the whole life of man we will find that every new period of life is characterized by striking bodily phenomena, in which not only the nervous system but also the mind is interested more or less, in such a manner, however, that neither the physical nor the mental phenomena can be said to be either essential or accidental, primary or secondary.

The same remark applies to the cutting of teeth and to the phenomena accompanying that process. These phenomena are at times of a nervous, at times of a febrile nature, sometimes they are mixed. But whether nervous or febrile, they, as well as all other infantile diseases, are easily recognised by the parents or the physician, and the symptoms are generally so well marked that it is much easier to select a specific remedy for the diseases of children than for those of full-grown persons, which may partly be owing to the children's mode of life being much more simple than that of full-grown persons.

The phenomena of teething occur in the period from the fifth to the fifteenth or sixteenth month. The border of the jaw which requires to be pierced, gradually enlarges and becomes indented as it were, the child's mouth fills with water, the hand is frequently and quickly carried into the mouth, or hard substances are pushed into it to bite them, the mouth is hot, the child does not like the inner mouth to be touched, utters frequent and sudden cries as if in distress; the gums are swollen, whitish, especially so along the edges, as if a tooth were shining through, they become hot and painful. These symptoms are most frequently accompanied by diarrhœa, which, however, is a natural derivative means, and the best pre-

ventive against fever, cerebral affections, spasms; in some cases constipation occurs instead of diarrhœa; fever, cutaneous eruptions, heat of the head, cough, rattling, difficult respiration, spasms, convulsions, inflammation of the brain or lungs, may likewise occur.

In order to be able to judge correctly whether the phenomena accompanying dentition constitute an essential portion of that process in the case which we are called upon to treat, the physician ought to possess a correct knowledge of the course and the character of the teething process. It is of course to be presumed that every physician possesses that knowledge; however, in order to be complete, we will give a short description of the phenomena of teething in the subjoined paragraph.

The teeth begin to be formed a few months before the child is born. The tooth forms by a process of crystallization out of a jelly-like substance contained in membranous sacs in the jaws. The formation of the teeth generally commences in the fifth month. This is the internal development of the tooth which is not perceptible to the senses, its internal growth, extension in every direction and consequent nervous irritation. First appears the middle pair of the incisors; the outer pair appears later; the first molar teeth are cut towards the end of the first year; the cuspidati at the end of the second year, and lastly the second molar teeth. The more regular, successive and retarded the cutting of the teeth, the less are the sufferings of the patient. The corresponding teeth on both sides are not cut at the same time, generally the lower teeth are cut first.—The symptoms abate and then recur again at intervals, they cease entirely as soon as the tooth is cut, increase in violence if the cutting do not take place, and frequently become fatal, convulsions, apoplexy and suffocation supervening.

§ 27. The ailments occasioned by a natural dentition do not require any medicine; parents who are disposed to be very anxious, might perhaps be desirous of having some medicine given to their children. The **erethism** which generally accompanies dentition

is most easily subdued by a few doses of *Coffea cruda*. This remedy may however remain without any effect if the mother or the child should have been in the habit of using coffee as their daily beverage. In such a case Aconite and afterwards Chamomilla would deserve the preference. A flow of saliva, loose stool or diarrhœa, which generally accompany the cutting of teeth, do not require any treatment; those symptoms disappear as soon as the cutting is accomplished.

Children in whom the irritation consequent upon dentition, continues for a long time, and who lose strength or flesh in consequence of it, are relieved by a few doses of Calc. carb., which ought to be given at tolerably long intervals; this remedy is generally sufficient to remove all the troublesome symptoms accompanying teething without any other remedy being required afterwards.

Teething is sometimes accompanied with a febrile condition, appearing and disappearing at intervals, and constituting a sort of synochal fever, the paroxysms of which recur every day. This is the real fever of dentition, and deserves especial consideration when it occurs in plethoric, fleshy children, in whom it inclines to become a local affection. This fever is treated as every other affection, except that the successful treatment of that fever requires the utmost regard to the irritability etc. of the patient, which is uncommonly increased at that period of life. All the diseases which occur during the period of dentition, as well as the morbid phenomena accompanying dentition, require the utmost care on the part of the practitioner. All that the physician can do is to subdue the irritation of the various systems, and the disease is thus frequently cut short in the most striking manner.

Aconite is the best remedy, by means of which that irritation is accomplished. In general, this remedy is of great importance in the diseases of infancy, where the least vascular erethism is easily increased to a synochal fever, on account of the greater activity prevailing in the vascular system previous to the development of the organs being accomplished. No remedy

is better adapted than Aconite to allay that fever; in cases where the febrile orgasm had been prepared and increased by the daily use of coffee on the part of the mother and the child, Aconite is indispensable prior to any other remedy.

The slighter degrees of increased irritability in the vascular or nervous system, indicated by an increase of temperature; thirst, sudden screams and grasping at the mouth, startings during sleep as if in affright, etc., are sometimes relieved with Coffea or Aconite, Chamomilla or Nux; Coffea and Chamomilla are especially indicated when the symptoms of a morbidly irritated sensibility prevail; Aconite is preferable when the principal irritation exists in the vascular system; Nux is the best remedy when those symptoms are accompanied with a short and dry cough and costiveness. If the excessive irritability and sensibility of the nervous system is accompanied with great sensitiveness to the pain occasioned by the breaking of the gums, with thirst, heat, and redness of one cheek, and sweat about the head, especially with a catarrhal cough, hoarseness and rattling of mucus in the trachea, in that case no remedy surpasses Chamomilla. Chamomilla is likewise the best remedy when the child has been brought up without the breast, and the fever is continuous, and accompanied with great agitation of the nervous system, as manifested by anxiety and restlessness, starting on hearing anything fall, or upon hearing the least noise, starting without afterwards being able to compose one's-self, convulsive twitchings of the limbs while falling asleep.

If Chamomilla should not be sufficient, if the patient be plethoric and fleshy, if the symptoms be worse in the afternoon or at night; if, for instance, convulsions or spasms be renewed by the least contact; if the child's limbs or head be very restless and in constant emotion; if the sleep be interrupted by screams, moans, convulsions or jerks through the whole body resembling electric shocks; if the patient suffer violent, burning heat, great thirst; if the skin be red, the limbs tremble; if there be anxiety, a short, quick, noisy

respiration, visible oppression of the chest, red eyes; in this case no remedy is better adapted to the symptoms than Belladonna.

§ 28. Although we shall afterwards treat in detail of spasms and convulsions, yet we will here make cursory mention of the epileptic fits which sometimes occur during dentition. To the convulsions occasioned by teething we have already alluded in the former paragraph. In many cases we observe, at first, the same symptoms as have been indicated in the preceding paragraph; in other cases the precursory symptoms are diarrhœic stools for several days; in others, again, the fits are preceded for a few days by great paleness of countenance, faint eyes almost without any lustre, little appetite; the child rests its head upon the shoulder of the nurse, and wants to lie down all the time. As long as these indefinite symptoms prevail, Chamomilla is the best remedy, by which more serious accidents are sometimes averted. If these precursory symptoms be left unheeded, the epileptic fit frequently sets in with great force: for a few minutes the child lies in a state of rigor, rolls its eyes, distorts the features, is attacked with convulsions, tossing of the limbs, clenching of the thumbs, the whole body bending backwards and sideways; the breathing becomes wheezing and rattling, with foam at the mouth, and vivid redness and puffiness of the countenance; in short, all the symptoms of an epileptic fit set in, lasting from a few minutes to half an hour, after which the child, evidently suffering with congestion of the brain, falls into a sopor, at the termination of which the convulsions either return immediately or after a short interval. Although no fever may be present when the fits first commence, yet it appears shortly after, as a secondary affection, in the shape of an inflammatory typhus; this, however, is not to be regarded as the principal affection, although a remedy ought not to be chosen without due regard to the febrile symptoms.

Belladonna is probably the best specific against an attack as described above, especially when the chil-

dren start from their sleep as in affright, cast anxious looks around them, or stare at an object with wild eyes and dilated pupils, all the muscles of the body being spasmodically stretched, the whole body being in a state of rigor, the forehead and hands burning hot, and, in some cases, involuntary discharges of urine taking place.

An excellent remedy in that disease is *Ignatia amara*, which has been used with great success by most homœopathic physicians. The fits which correspond to *Ignatia* are generally preceded by precursory symptoms which are not as clearly marked, it is true, as those indicating *Belladonna*, but are sufficiently characteristic to point to *Ignatia*. The moral symptoms are especially characteristic: the children are headstrong and irritable, are not satisfied with anything; they are peevish and out of humour, and cry when the least thing they ask for is refused; those symptoms are sometimes accompanied with sudden flushes of heat over the whole body, red cheeks, burning ears, absence of thirst; besides all this, the children are very unmanageable. These premonitory symptoms sometimes exist for many days, until the fit sets in suddenly with suffocative anguish, foaming at the mouth, rigor of the neck, reclining of the head, redness of the face, distortion of the eyes, loss of consciousness. Sometimes such a fit sets in without any premonitory symptoms, and without any apparent cause, except that the children had been naughty, and, after having been punished, were laid to bed; this is generally a bad practice.

Next to *Ignatia*, *Ipecacuanha* is the best remedy. *Ipecacuanha* is preferable to *Ignatia* when the fit arises from overloading the stomach with pastry. The precursory symptoms of the *Ipecacuanha* fit, accompanied with symptoms of teething, generally resemble those of dyspepsia and the ailments arising from it; permanent characteristics of that condition are: paleness of countenance and cool skin, violent cries, and grasping at the mouth. The true *Ipecacuanha* fit is distinguished from the *Ignatia* fit by the following symp-

toms : extension and rigor of the whole body, occasionally interrupted by spasmodic jerks through the arms ; constant spasmodic motion of the facial muscles, in which the lips and eyelids are involved.

We have to mention one other remedy which is frequently indicated against epilepsy, especially when the fit was occasioned by fright, and consecutive fear. The Opium fits—for that is the remedy—commence with a convulsive, spasmodic trembling of the limbs, which is interrupted only by jerks of the body and twitchings of the limbs, accompanied with a croaking scream, and giving way, after a while, to a soporose state, during which the child snores with an open mouth, and from which the patient cannot be roused. The Opium fits only appear at night ; this is characteristic.

Besides the above-mentioned remedies, the following remedies may be used for epilepsy. which will be described in detail when we come to treat of that disease : Cina, Rhus, Arsenic, Cuprum, Calc. carb., Causticum, Arnica, Hyosciam., Stram., Cicuta, Secale c.. Stannum, Zincum, and others.

There is another kind of epilepsy to which those children are liable who are nursed by females addicted to the use of spirituous drinks. That kind of epilepsy likewise occurs during the period of dentition. It yields to a few doses of Nux, provided the nurse abstains from the use of spirits, or, if this should be impossible to her, weans the child. That kind of epilepsy is perhaps more dangerous than any other, because the organism of the child is entirely ruined by the vicious habits of the nurse. Nevertheless, the physician is bound to attempt a cure, and, if Nux should be of no avail, he may try Arsenic. It would seem as if a delicate creature like woman could not be guilty of such conduct, were she even born in the meanest hovel. We thought so until we were convinced of the contrary by actual facts. Not malice, however, and rarely habit or the love of vice, induces the misconduct which we here censure ; the liquor is

generally drank for the purpose of procuring the child rest and sleep; it is the success in accomplishing this which leads to the vicious habit.

Children who are brought up without the breast are liable to another kind of epileptic fit. This is generally induced by overloading and deranging the stomach. If the precursory symptoms are: inclination to vomit, retching, the vomiting ought to be brought on by tickling the velum pendulum palati and the fauces, after which the patient ought to be given a few teaspoonfuls of black coffee, followed by Ipec., Puls., Bryon., Nux, or any other suitable remedy.

SECOND CLASS.

FEVERS, AFFECTING PRINCIPALLY THE MUCOUS MEMBRANES.

§ 29. *Catarrhal fever.*

An intense irritation of a greater or lesser portion of the mucous membranes induces a febrile state. The symptoms of that febrile condition are those of a catarrhal fever which may be principally seated in the mucous membranes of the respiratory and reproductive, or else in the genital and uropoëtic system. Generally speaking, we understand by catarrhal fever an affection of the respiratory organs. It is a sort of synochus of the lighter kind, continuous and remitting, and commencing towards evening with a slight chill, rather resembling a creeping over the bones, accompanied by a soft pulse which is not very much accelerated, thirst, restlessness, and sometimes great lassitude. In company with this fever the mucous membrane of the throat, chest, nasal, maxillary and frontal cavities appears more or less inflamed. At first the mucous membrane thus irritated does not secrete any fluid, or only a watery, acrid humour, which is afterwards transformed into a viscid, thick, slimy substance; the tongue, at the same time, exhibits a white coating, the smell is gone, the taste altered, the digestion is disturbed, the urine is red, turbid, generally depositing a profuse, slimy sediment, and a dull aching

pain is experienced in the head, especially in the frontal cavities.

The irritation sometimes extends over the mucous membranes of neighbouring organs, or even of the whole organism, occasioning a variety of unpleasant and painful sensations, and increasing the intensity of the fever. The conjunctiva is red and turgid, the eye is either dry or secretes an abundance of tears, and is very sensitive to the light. The affection of the mucous membrane lining the nasal cavities is characterized by creeping and frequent sneezing, and by an aching pain over the eyes (coryza). Sometimes the affection extends to the larynx and trachea, causing an alteration of the voice, roughness and hoarseness; the affection of the tracheal mucous membrane shows itself by the oppressive breathing and the dry cough.

§ 30. A catarrhal fever may be caused by a sudden suppression of the perspiration by a current of air, by a sudden change of temperature, or by a dry, sharp and cold air. Most of those fevers which depend upon a contagious miasm, generally commence with a catarrhal fever; catarrhal fevers may be occasioned by contagia, and occur principally at times when the measles and whooping-cough are prevalent among children; they may likewise occur in consequence of the respiratory organs having been irritated by violent inspirations during physical exertions, such as dancing, screaming, singing, running; and lastly, they may be caused by the inhalation of acrid vapours, especially in individuals who are very sensitive to external atmospheric influences, and had been frequently affected with catarrh before.

§ 31. In simple catarrhal fevers the prognosis is favourable. They are frequently cured spontaneously by an increase of perspiration and the discharge of a turbid, clayish-looking urine; the local affection, however, lasts somewhat longer and disappears only gradually through the secretion of a profuse, thick, yellow, inoffensive mucus. The secretion of that mucus is to be considered a favourable crisis. A catarrhal fever is least dangerous when the inflamma-

tion affects the nasal mucous membrane only; the prognosis is more doubtful when the mucous membrane of the lungs and larynx is involved; in that case there is danger of the local affection increasing to an inflammation of those organs, or of disorganizations being induced by careless treatment. A violent catarrhal fever is to be treated as a pure synochal fever; the local irritation increases of course in proportion to the intensity of the fever. A catarrhal synocha is a continuous fever, characterized by great heat, restlessness, thirst, and a full, tight, hard pulse, without any mucous discharge.

§ 32. Slight catarrhal fevers get well of themselves in a few days with good care, leaving at most only a mild fluent coryza. None but very sensitive patients send for a physician in such cases. Some cases of catarrhal fever are so mild that individuals of a robust constitution are not even obliged to be confined to their rooms, but are able to attend to their business as usual. Such patients have been known to get well by taking a glass of grog or punch in the evening; this would excite perspiration in the night, which was kept up next morning by remaining in bed a little longer than usual, and was found sufficient to restore the equilibrium of the functions. A glass of grog is no homœopathic remedy, of course; we allude to it merely as a palliative means which has been successfully used in a great many cases of mild catarrhal fever.

The danger increases if the local irritation and consequently the fever be more intense and the mucous discharge more difficult. In such cases the local irritation requires our principal attention in selecting a remedy; whereas the febrile symptoms are the most important if the local irritation have an inflammatory character. The homœopathic physician should be on his guard in this, as in every case, against being carried away by one or two symptoms instead of carefully observing the whole group. This kind of routine or symptomatical treatment, which is justly condemned even by the old school, is unfortunately practised

by more than one among our ranks ; but it is a mischievous mode of treatment, and accomplishes in a round-about way, by a variety of remedies, what one single remedy would have done if selected in accordance with the whole group of symptoms. All good homœopathic physicians will agree with us that the symptomatic method would be the grave of homœopathy, and will not blame us for not giving a detailed description of the treatment which ought to be pursued in every little variety of a disease ; we shall furnish general indications for the selection of the proper remedy in every case.

One of the principal remedies against catarrhal fevers is Aconite, especially when they are occasioned by a cold, by dry and cold weather, north-westerly winds or by a current of air, and when the following symptoms occur : Creeping chills with burning skin, hot forehead, great thirst, especially in the evening, accompanied with a sensation of dryness and scraping, slight burning and soreness in the throat, especially in the region of the larynx, or extending even through the whole chest, inducing continual turns of a short, dry cough, which is rather rough and hollow in the night, and interrupts the sleep ; this is moreover disturbed by vivid fancies, especially after midnight.

Another remedy, which is frequently indicated, is *Nux vomica* ; it corresponds to the following symptoms : inclination to chilliness, erratic shiverings, as if passing over the bones, now in one, now in another part of the organism, mostly during motion, alternating with flushes of heat, coming on in the afternoon and increasing progressively. These ailments are relieved by remaining quiet, near a warm stove. They are sometimes accompanied with a scraping sensation in the pharynx, which is particularly experienced in the morning hours, and induces a roughness of speech obliging the patient to hawk frequently or to cough. One of the characteristic symptoms of *Nux* is the titillation which is caused by the scraping sensation below the larynx ; the scanty expectoration of tenacious mucus, the light scraping cough in daytime, less in the night,

and more frequently in the morning hours, are likewise characteristic of Nux. Nux is likewise the principal remedy when the dry, wearing cough is accompanied with a painful feeling as if bruised in the umbilical region, which is moreover sensitive to pressure.

Conium maculatum, middle attenuations, is the best remedy for fevers characterized by the following symptoms: internal dry heat with much thirst, great lassitude, scraping, itching, and creeping in the throat, inducing an almost uninterrupted dry cough with titillation. The urine is whitish and turbid, the sleep unrefreshing, disturbed by many anxious dreams; the patient dreads every little noise or talking on account of the sensitiveness of the head, which is either excited or aggravated by it.

Dulcamara corresponds to catarrhal fevers which have been evidently caused by a cold, by a sudden suppression of the perspiration, and are characterized by roughness and hoarseness of the throat, cough with mucous expectoration, violent fluent coryza, great heat, dryness and burning heat of the skin. In many cases of epidemic catarrhal fever *Dulcamara* is likewise indicated by a dry, rough cough.

Drosera is one of the best remedies in catarrhal fevers, when the patient is attacked with a sensation as if all his limbs were bruised and paralyzed, and when the usual catarrhal symptoms are accompanied with frequent shudderings over the whole body, cold hands, and hot countenance. The catarrhal symptoms indicate *Drosera* when the larynx is principally affected, when there is hoarseness, cough excited by a sensation of roughness and scraping in the fauces; sometimes the inmost parts of the chest are irritated.

Euphrasia is to be employed in catarrhal fevers, when the chilliness is more frequent than the heat, when the heat is merely an incidental symptom, and when the following symptoms occur: inflammatory irritation of the mucous membranes of the eyes, lachrymation, photophobia, nightly agglutination, heat

in the head, and painful sensation as if the head were bruised, sensation as if the skull would burst, frequent fluent coryza, painfulness of the inner nose, sneezing, violent cough with expectoration, especially in the morning.

Similar symptoms indicate *Mercurius sol.* ; it is not always easy to decide which of the two remedies, *Euphrasia* or *Merc.*, is preferable ; a sensation of fulness in the head, pulsations in the head reaching as low down as the nose, general heat to which the chilliness is merely incidental, indicate *Merc.* rather than *Euphrasia*.*

Mezereum may be employed against the following group of symptoms : violent fever consisting of alternate chills and heat, the chill being more violent out of the bed, the heat more violent when the patient is in the bed, great sensitiveness to cold air, acrid discharge from the nose, cough arising from a burning irritation in the larynx and trachea, and difficulty of throwing off the mucus.

Every observing practitioner is acquainted with the good effects of *Chamomilla* in catarrhal fever, especially when the following symptoms prevail : synochus, both the chilliness and heat being moderate ; the chilliness consists of slight chills which are experienced only in certain portions of the organism, generally in those parts which the patient uncovers ; hence, the chills are frequently experienced when the patient lifts the cover of his bed ; sometimes the chilliness and heat are mixed : while one portion of the body feels cold as ice, the other is burning hot, the heat being principally felt on the cheeks. The sleep is, of course, disturbed by the febrile condition ; starting from sleep as if in af-

* Such colds are very obstinate in this region of our country. When the nose has not yet commenced running, and feels swollen internally, *Hahnemann* advises *Nux* as a preventive. If the *Mercurius* be required, one dose of *Merc.* 200, will be found to be sufficient in some cases ; in others, however, we have to use *Mercurius* 3, in powders, one every three hours. My rule then is, to continue these powders until every vestige of the cold has disappeared, which sometimes requires 10, 15, or even 20 powders in succession. To speed the cure the patient ought to live as low as possible, on gruel, weak tea, toast, etc., and avoid all stimulating dishes. The saying, "Feed a cold and starve a fever," implies a vulgar and foolish practice.—*HEMPERL*.

fright, and shrieking while sleeping, are characteristic indications for Chamomilla, especially when those symptoms occur during the period of dentition. The catarrhal irritation is principally perceived in the mucous membranes of the respiratory organs, nose, and frontal cavities—hence, the violent dry cough, especially at night, occasioned by a constant titillation in the larynx, accompanied with hoarseness and rattling of mucus in the trachea. When this cough, arising from a titillation in the larynx, exists only in the night, it is generally relieved by Hyosciamus. If it continue night and day without change, Ignatia is the best remedy.

Among the symptoms of Hepar sulphuris we discover a catarrhal fever, characterized by internal chilliness, and ill humour, or heaviness in all the limbs. This remedy is on a par, and constitutes a group, with Euphrasia and Nux; it is most frequently indicated when the mucous membrane of the eyes is affected, when the patient experiences a painful pressure in the eyes, when the conjunctiva looks puffy and red, and the lids are swollen. Hepar is likewise indicated when the respiratory organs are affected, the patient suffers with a moist cough and rattling of mucus in the chest, when the cough is accompanied with an intense pain in the larynx and roughness of voice, and when the patient complains of weakness of the chest which scarcely allows him to speak. The vascular and nervous systems are but moderately irritated.

Lachesis is said to cure a kind of catarrhal fever characterized by heat, fulness of the head, drawing in the teeth and facial bones, glistening eyes as when one feels exhausted, irritable disposition, restlessness, *mal-aise*, some discharge from the nose. We have used this remedy with success in a few cases, when, after the slightest and scarcely perceptible cold, a violent fluent coryza would set in with sneezing, confusion of the head, great warmth in the internal parts of the forehead, hot nose, and general disagreeable warmth over the whole body, with great heat of the hands and feet. In using Lachesis for those symptoms, we have

even seen the great sensitiveness for external atmospheric influences disappear entirely.

One of the most distinguished remedies in violent catarrhal fevers is Arsenic. The Arsenic fever is characterized by great heat, intense thirst, yawning, stretching, and a prostrating sensation of weakness through the whole body, lancinating pains in the limbs and head, oppression of the chest. The local irritation of the mucous membrane frequently ceases during the night, especially if the patient perspire some; next morning, however, it returns, a profuse quantity of watery mucus flowing from the nose, with burning from the nose and a sensation as if the nose were enlarged, and as if it were swollen in the region of the root; accompanying those symptoms the patient experiences a feeling of dryness and burning in the larynx, the irritation occasioning a continual dry cough.

No less important in catarrhal fevers than any of the other remedies is *Ruta graveolens*, when the following symptoms appear: general shuddering over the whole body, even near the warm stove, with coldness of the hands and feet to the touch, dulness and warmth in the head, violent thirst which disappears, however, after drinking. *Ruta* is moreover indicated by the sneezing, lachrymation, and by a pain in the eyes, as if they had been fatigued by exerting them too much; a characteristic symptom of *Ruta* is a contusive pain in the region of the larynx and a crowing cough which wakes the patient about midnight, is rarely accompanied with expectoration and then only in small quantity, induces vomiting when it lasts too long, and excites a pain in the sternum.

Pulsatilla corresponds to catarrhal fevers characterized by the following group of symptoms: huskiness, scraping in the throat, occasioning a dry, spasmodic, titillating cough, which is especially violent toward evening and when lying down, is very debilitating during the night, prevents sleep, abates when sitting up, commences again after lying down, and sometimes increases unto suffocation, retching, and even vomiting. The chilliness is principally felt to-

ward evening; the heat appears only by dint of coughing, and then becomes excessive and continues all night, even after the cough abates.

Rhus is likewise useful in those fevers when the titillation and cough are not felt in the larynx, but in the bronchial ramifications, when the cough shortens the breathing and is especially violent in the morning, thereby preventing the patient from falling asleep again. In general Rhus is indicated when the catarrhal affection extends over a large extent of the bronchial ramifications. As regards the fever, this remedy corresponds to Pulsatilla, except that the evening exacerbation is characterized by a predominance of heat, drawing and stretching in the limbs, and slight creeping chills.

Bryonia corresponds to catarrhal fevers accompanied by cough, which produces retching, and sometimes vomiting of the ingesta, with sensation as if the chest would fly to pieces, and with profuse, violent fluent coryza, and pain in the forehead which is relieved by pressure upon the forehead; the right side of the body is colder than the left, and the patient complains of great thirst.

Ammonium carbonicum should be resorted to in catarrhal fevers characterized by hoarseness and profuse fluent coryza, especially when an acrid, burning water flows from the nose; by morning cough with titillation or retching, and with alternation of chilliness and heat. Causticum may be used when a sensation of soreness and excoriation is experienced in the trachea (All. hom. Zeit. XXVI. 93).

Sepia is indicated in catarrhal fevers where the chilliness is continual and occurs upon every movement in the warm room; the heat is merely incidental; the Sepia catarrhal fever is moreover characterized by a nightly spasmodic cough, which increases even unto vomiting and suppression of breath; sneezing, violent fluent coryza, ulcerative pain in the occiput and drawing in the hips and thighs are likewise present,

Among the remedies which we have so far indicated

for catarrhal fevers, the following require particular consideration, when the dry cough is accompanied by a sort of spasm in the larynx which does not abate until the patient has thrown off a quantity of mucus after a good deal of gagging: Ipec., Nux, Pulsat., Rhus, Bryon., Bellad., Sepia, Ammonium carb., Drosera, Mercurius. The whole group of symptoms is sometimes at once removed by the homœopathic specific; or, at any rate, the cough is changed to a simple catarrhal cough which will be easily removed by one of those remedies which have been mentioned in the preceding paragraphs.

For a dry, spasmodic cough, or a cough occasioned by a simple irritation of the throat, the principal remedies are: Hyosciamus, Drosera, Lactuca virosa, Conium, Ipec., Bell., Magnes mur., Phosphorus, Ambra, Iodine. Such an intolerable, racking, spasmodic cough, arresting the breathing on account of a titillation in the upper part of the windpipe which is unencumbered by phlegm, and rousing the patient from sleep at 11 o'clock in the night, has frequently been cured by a single dose of Belladonna.

The hoarseness accompanying catarrhal fevers, no matter whether there is a cough or not, or whether it is dry or moist, yields to: Puls., Mercur., Drosera, Spong., Dulcam., Sulp., Tart. emet., Manganum carb. or acet., Lachesis, Phosphor., Natrum mur., Sepia, Carbo veg.; the latter remedies are especially indicated if the hoarseness increase in the evening hours.

Nux is very useful for a morning cough with titillation and difficult expectoration, remaining after a catarrh; Iodine and Kal. hydriodicum will still more frequently be found useful.

Chronic catarrhs are akin to phthisis, and require the same care as the latter; there is no essential difference between chronic catarrhs and phthisis, for the same remedies are used for either: we therefore take this opportunity of referring to the phthisical affections in the second volume, where we shall treat of them more in detail. We will here simply state, that the following remedies have been found useful in

chronic catarrhs, the last of them principally, when the expectoration seemed loose and yet could not be thrown off:—Tart. emet., Drosera, China, Dulcamara, Stannum, Manganum, Carbo veg., Iodine, Bromine, Amm. mur. According to Goullon, Lycopodium corresponds to those obstinate catarrhs where a lemon-coloured and frequently bitter phlegm is thrown off, accompanied by a violent tearing beating pain in the frontal cavities, with afternoon or evening exacerbations.

It is well known that catarrhal fevers frequently unite with gastric or typhoid symptoms, inflammations, and cutaneous eruptions; in such cases the remedy has to be chosen in accordance with the symptoms of that affection which are most marked.

§ 33. *Catarrhal Fever in Children.*

We ought not to omit mentioning, on this occasion, a catarrh or catarrhal fever of children which can only be observed by the physician, but cannot be investigated by questioning the patient. The pathology and treatment of this fever do not differ essentially from the one above described. It is characterized by sneezing, running of the nose and eyes, cough, hoarseness, and in small children rattling arising from the mucus, which they have not strength enough to throw off.

Aconite, two or three doses a-day, is the principal remedy when the following symptoms occur: burning heat of the whole body, accelerated pulse and breathing, dry, short cough, the infant screaming sometimes as if it would manifest pain. If the heat be less marked, the cough loose with constant irritation in the air-passages, and if rattling be present, we know of no better remedy for those symptoms than Antimonial wine, one, two, or three drops a-day; this remedy frequently removes the symptoms more rapidly than Chamomilla, which is likewise indicated. In catarrhal fevers, Euphrasia suits children frequently better than full-grown persons, the profuse running from the nose being frequently accompanied by a considerable redness of the whites of the eyes, lachrymation and slight

agglutination. As regards other remedies, we refer to those indicated for the catarrhal fever of full-grown persons, reminding our readers particularly of *Belladonna* and *Pulsatilla*.

The dry coryza is still more troublesome than the fluent; the former hindering the infant's taking the breast and causing it to scream and to be restless. This condition arises from the suppression, in consequence of cold, of a fluent coryza, causing a disagreeable dryness of the nose, which brings on the difficulty of taking the breast. This affection frequently lasts a long while, becomes worse in warmth, and decreases in the open air, where the running from the nose is generally restored. It befalls not only small, but even larger children, inducing a habit of breathing with an open mouth.

The trouble is frequently removed by rubbing the dorsum of the nose with a greasy substance, such as hen's grease, almond oil, or thick cream; or by causing the vapour of warm milk to pass into the nose. Inasmuch as the trouble is chiefly owing to the nasal mucus not being secreted in a sufficient quantity, it is certainly a good plan to replace the natural mucus by an oily substance, say almond oil, with which the inner walls of the nose may be lined by means of a fine feather.

If this palliative means should not be sufficient to remove the trouble, an internal remedy will then have to be resorted to, and will have to be selected in accordance with all the concomitant symptoms. A small dose of *Nux* will prove the best, if the dry coryza increase in the evening, accompanied by great dryness of the mouth, whereas the fluent coryza prevails in the daytime. Other physicians pretend to have removed the trouble by repeated doses of *Sambucus*. In some cases, where the obstruction of the nose was accompanied by a profuse discharge of mucus, *Chamomilla* proved curative; *Dulcamara* is the best remedy when the dry coryza increases in a cool and decreases in a warm temperature. *Carbo veg.* deserves consideration in obstinate cases, with

evening exacerbation ; Graphites, when great debility and prostration prevail.

If the dry coryza set in while the children are still at the breast, or if the mother be affected with it, the latter may take the medicine alone.

§ 34. *Influenza.*

The influenza is not an indigenous disease with us (in Germany) ; the grippe still less so ; when the cholera appeared amongst us, both affections frequently appeared in company with it, and have ever since become stationary diseases, the grippe at least. Both grippe and influenza are varieties of a catarrhal fever, being subject to the same therapeutic rules as the fever, and every other disease. For the benefit of beginning homœopathic practitioners we here record our experience of the treatment of those affections ; what we shall say is derived from the most careful observation.

The influenza, like every catarrhal fever of a certain degree of violence, commences with striking debility and drowsiness ; subsequently shiverings and even chilliness over the whole body make their appearance. The usual catarrhal symptoms are : sensitiveness of the eyes, lachrymation, pressure in the eyes, with slight redness ; aching pain in the forehead, fluent coryza, in some cases dry coryza ; short turns of dry cough, which fatigues the chest, are not wanting ; they are accompanied with want of appetite, and a white-coated but dry tongue ; dryness of the throat, and afterwards a dry, burning heat, with great thirst.

Many cases of influenza, especially those which are characterized by constipation, are often relieved by a dose of Nux in a few hours, provided the dose was proportionate to the intensity of the disease and the patient's individuality ; sometimes, however, Arsenic is more suitable, especially when debility, diarrhœa, great thirst and a paralytic sensation in the limbs are the prominent symptoms. Causticum has been found very useful, which was followed a few hours after by Camphor. Both those remedies were administered by

olfaction. Of the latter remedy Hahnemann remarks: * "If the Siberian influenza attack one of us (in Germany), and the heat have already set in, Camphor may be used as a palliative, on account of the disease having but a short run; it is an excellent palliative when administered in frequent and progressively increased doses. Camphor does not shorten the course of the disease, but diminishes its violence, and removes all danger until its termination."

§ 35. *Grippe.*

Another species of catarrhal fever is the grippe, which prevailed at the commencement of the year 1833.† The symptoms of grippe are much more varied and complicated than those of influenza; and the disease, when invading the organism suddenly, was much more dangerous, and sometimes led to fatal results. If a patient, whose chest was affected, had an attack of the grippe, consumption was generally the result of that complication; in very few cases only it was possible to save the patient's life. Generally, an attack of the grippe came on suddenly—in a few cases only the disease developed itself gradually; it was distinguished from any other catarrhal disease by an unusual lassitude, heaviness and a bruised feeling in the limbs, especially the lower. At times this prostrate feeling of the limbs was accompanied with headache and an inclination to vomit, at times with sore throat and some hoarseness. Sometimes the dry coryza became very violent, and was accompanied with a violent and frequently intolerable tearing pain in the forehead, affecting the facial bones, with pressure in the remaining portion of the head, vertigo, otalgia, painful swelling of the parotids, etc. The disease had many peculiar features, for instance: in persons who were not entirely well, it would excite the former symptoms which had become latent, thus making the cure so much more difficult; it would attack the

* See Hahnemann's *Materia Med. Pura*, by Charles J. Hempel, M. D., Vol. I., preface to Camphor.

† See *All. hom. Zeit.*, Vol. II., p. 187, etc.; also, *Archiv*, Vol. XIII., 2, p. 88.

same person several times, but always under another form ; sometimes it would last a considerable while in a mild form, but the symptoms, although easily yielding to suitable remedies, would be excited again by the least error in diet, sometimes even the next day. Another peculiarity of the grippe was its tendency to unite with other diseases, modifying their course and aggravating the whole condition. Dr. Bosch (see *Hygea*, XIX, p. 328), found that fetid sweats and erysipelatous eruptions constituted critical phenomena in grippe, and therefore proposes to designate the disease as a *febris erysipelacea epidemica*.

As soon as the first symptoms of the disease made their appearance, it was an easy thing to suppress it by smelling a few times of Camphor ; after some time it broke out, nevertheless. This was not the case in an epidemic grippe which broke out afterwards, and for which the first attenuation of Camphor taken internally proved the most sovereign remedy (see *All. hom. Zeit.* XXV. 61). When an inflammatory condition of the thoracic organs was a predominant symptom, Nux was always found an excellent remedy after Aconite. Merc. sol. or Merc. vivus was preferable when the head, throat, and chest were violently affected, and when a dry, racking cough, which afterwards became loose, was present ; when the patient complained of pains in the pleura, with profuse sweats which did not afford him any relief ; when the condition of the liver exhibited inflammatory symptoms, the pain being rather dull, and the pulse not very hard ; a few doses of Mercurius a-day were sufficient to remove and even to suppress the disease in the very beginning. Phosphorus was the best remedy when the trachea was irritated or inflamed, and when the intense pain prevented speech, or when the voice was very much altered.

Sometimes the disease assumed the form of sporadic cholera ; in that case the catarrhal symptoms were inconsiderable, but the debility so much more marked. Veratrum was the specific for that group of symptoms. If, in the course of the disease, typhoid symptoms set

in, as was frequently the case in the later periods of the epidemic; if the patient became delirious, had a wild, staring look, complained of great sensitiveness of the abdomen, with a full, hard pulse, Aconite was given with great effect; the remaining symptoms yielded to Pulsatilla. This remedy frequently removed the papescent, insipid taste which sometimes remained a long time, accompanied with slimy coating of the tongue and want of appetite.

An exceedingly distressing symptom in that disease was the violent pressing, aching pain in the forehead; this pain, together with the accompanying cough, and the loose and slimy expectoration, yielded to Bryonia, which was likewise the principal remedy when the liver was distended, and the region of the liver was painful to the touch, or when the pain was excited by coughing or taking a deep inspiration. Bryonia was also the specific remedy for the cough when it readily excited vomiting, or occasioned a pain in the epigastric region (in which case Bryon. and Nux were equally indicated), and a pain as if bruised under the short ribs, obliging the patient, while coughing, to press his hands against the region where this pain was experienced. Bryonia was given alternately with Carbo veg., in a form of grippe with which old people were sometimes attacked, and which was characterized by great distress in the chest and coldness of the limbs; this form frequently terminated fatally in paralysis of the lungs. If the cough was dry, spasmodic; if the headache became intolerable, if it was increased by walking, talking, bright light, movement; if the patient had a staring look, and saw all sorts of fanciful images on closing the eyes, Belladonna was the remedy; and after using it for a couple of hours, the symptoms, although bordering upon encephalitis, had disappeared.

Rhus was indicated if the grippe had come on in consequence of getting wet, and the attack was characterized by oppressive anxiety, frequent turns of involuntary, deep breathing, restlessness of the body, and if the patient was constantly changing his place of rest.

Sabadilla was the remedy when the grippe took the

form of an inflammatory affection of the organs of the chest, accompanied with violent chilliness and external coldness.

China removed the cough which commenced with, and seemed to arise from a rattling behind the sternum, as if mucus had accumulated in that region.

An exhausting cough, with difficult expectoration, and every paroxysm being followed by yawning, yielded to Opium, a number of other remedies having previously been tried in vain.

The alcoholic tincture of Sulphur was found useful towards the termination of the disease, when the fever was abating, and when the patient experienced the stitches in the chest only during a deep inspiration, or a violent paroxysm of cough, oppression of the chest as if a heavy load pressed upon the chest, being likewise present.

The spasmodic cough which remained a long while after the disease had left, and which frequently tormented the patient for hours, almost always yielded to one or two doses of Hyosciamus, in single cases to Belladonna; if, however, the nightly paroxysm did not cease till the patient had vomited a quantity of frothy mucus, mixed with tips of yellowish pus, Conium was the principal remedy; if the cough appeared after every meal, and the food was vomited up again, Ferrum aceticum was the specific remedy.

If the grippe left behind a troublesome cough, with gray, saltish, sweetish expectoration, wheezing and rattling in the chest, Kali hydriod. proved an incomparable remedy.

When the grippe threatened to develop a previously existing phthisical disposition, a few doses of Stannum in alternation with Carbo veg. were frequently sufficient to remove the symptoms before phthisis had been fully developed.

Consecutive symptoms of the grippe sometimes were obstinate inflammation of the eyes, with ulcers of the cornea, and violent photophobia; the only remedy which removed them permanently was Arsenic; repeated doses of Belladonna were sometimes given with success, but the relief was not permanent.

THIRD CLASS.

FEVERS WITH LOCAL IRRITATION OF THE FIBROUS AND SEROUS TISSUES.

§ 36. *Simple Rheumatic Fever.*

When an affection of the serous and fibrous tissues, sheaths of muscles, articular membranes, in company with the drawing, tearing, burning pains in the joints or trunk—the character of the pain varying according to the nature of the tissue which is the seat of the affection—is accompanied by a more or less violent, continuous remittent fever, we term this a *rheumatic fever*. The accompanying rheumatic pains may come on before or after the commencement of the fever, or may appear during the course of the disease. The pain which is experienced during those fevers has no definite and permanent character; it is sometimes tearing, stinging, boring, sometimes drawing, digging up, jerking; nor can we consider swelling and redness of the locally affected part characteristic symptoms, inasmuch as they are wanting in many rheumatic affections, such as lumbago, rheumatic affection of the intercostal muscles, etc. As the fever abates, the local affection diminishes likewise, leaving in a few cases a chronic trouble behind. The fever is a synocha, with evening and night exacerbations, which are accompanied by an increase of the local affection. An inclination to sweat is a characteristic symptom of that fever; the sweats, however, have no critical importance. The pulse is full, rather hard, accelerated, sometimes even quite hard, often unequal, especially so when the pericardium is affected, in which case the fever is very violent; the urine is scanty, yellow, reddish, and finally becomes cloudy and deposits a reddish, brick-dust sediment. The thirst is increased and the appetite diminished; sometimes the tongue is covered with a more or less thick coating of a yellowish white mucus, the taste is bitter, the patient inclines to vomit, the bowels are confined.

The 7th, 14th, or 21st day is the critical day, the fever terminating in a copious, general sweat; the

duration and the commencement of the crisis are not always marked by definite periods. Schœnlein does not recognise any rheumatic fever; he terms the rheumatic affection acute rheumatism, which is distinguished from a rheumatic fever by the greater violence of the local affection, interesting the attention of the patient and the physician more than the fever; in acute rheumatism the redness and swelling occur more frequently than in rheumatic fever, especially if the affected part be near the surface of the body. The pain in acute rheumatism is more acute, more seated, the fever is more violent, and strictly continuous. It is undoubtedly improper to draw a marked line of demarcation between a rheumatic fever and acute rheumatism; if such a thing were possible, the homœopathic treatment would not be affected by such a division.

§ 37. These fevers depend principally upon atmospheric changes, which generally communicate to those fevers an epidemic character. They occur frequently at the end of winter, at the commencement of spring, and during the damp and wet fall weather. Exciting causes are: getting wet to the skin, exposure to a current of air, repelled perspiration, etc.

§ 38. In most cases the prognosis is favourable as long as the disease remains a simple rheumatic fever. The prognosis is less favourable when the fever is accompanied with inflammation of important internal organs, or when the articulations of the spinal column are involved. The prognosis is likewise unfavourable when the fever lasts a long time, and the pericardium or the heart itself is involved in the disease; or when the fever settles upon the brain, and, in general, when the local affection easily changes its seat.

§ 39. The treatment of these fevers is just as varied as that of any other disease; it depends in every case upon the characteristic symptoms of the disease. Aconite is required only in very few cases. According to our experience it ought to be given when the fever is intense; when the inflammation, hot swelling, redness, and intense pains in the affected parts increase

rapidly; in such a case Aconite is always indicated by other accompanying symptoms, such as: intense dry heat, burning dry skin; full, accelerated, not hard pulse; great thirst, flushed face, or else alternate redness and paleness of the face, anxiety and restlessness, moaning and tossing about, sleeplessness, or else sleep disturbed with anxious dreams. For such a group of symptoms, the lower attenuations of Aconite, frequently repeated, will prove the best remedy.

Rheumatic fevers which are characterized by such symptoms, belong rather to the class of acute rheumatism, whence it appears that Aconite is indispensable in that disease.

Bryonia is superior to Aconite when the nervous and vascular erethism is accompanied by tearing, tensive, stinging pains in the red and shining swelling of the articulation, becoming insupportable during movement and during the night's rest. This remedy has likewise to be repeated in such fevers, the repetition being proportionate to the violence of the fever which had remained after the exhibition of Aconite.*

Belladonna is a specific in rheumatic fevers when the brain and nervous system are greatly irritated, and the rheumatic pains wander from one part to another; swelling and light redness are always present, and the burning, stinging pains in the affected parts are most violent at night and when the parts are touched ever so lightly; if the patient should go to sleep, he is frequently roused by startings of the affected parts, or a painful drawing in the limbs prevents him from falling asleep. Belladonna is an excellent remedy when the nape of the neck, the spinal column and the small of the back are involved, when those parts are painful, stiff and swollen, when the rheumatic affection prevents every movement of those parts, and movement occasions the most violent pains; one knee-joint is likewise affected, the patient has to keep it bent and

* A great rival of Bryonia in inflammations of the serous membranes is Cantharides, especially when there is a frequent desire to urinate. In rheumatic inflammations where Bryonia is indicated and will not help, Cantharides ought to be given, and if neither be sufficient alone, they ought to be given alternately.—HEMPER.

quiet, the least movement making the pain intolerable to such an extent that it will extort shrieks from the patient. (When these symptoms occur Bryonia may be used when the fever approaches more to the erethic form.) The rheumatic fevers to which Belladonna corresponds, are sometimes accompanied with tearing pains having the character of an ache, and proceeding from the inmost parts of the bones, or else darting like an electric shock towards the neighbouring articulation, where they occasion a dull pressure, which is relieved by counter-pressure, aggravated by motion, and increases in intensity during the night. The fever has generally the form of a synocha: violent burning heat over the whole body, strong, full, accelerated pulse, a good deal of thirst, loss of appetite, accompanied by a tensive, aching pain in the forehead, with pressure from within outward, the pain being increased by moving the head; the urine is turbid and deposits a reddish sediment.

There is one remedy which has been too little used heretofore in rheumatism: it is Colchicum. It deserves especial consideration at a time when rheumatism is a prevailing disease, and is of still greater importance when the rheumatic influence prevails in the transition periods from winter to spring, fall to winter, or during a damp and cold, foggy weather. This remedy has been principally used in the chronic forms of rheumatism and gout, probably owing to the limited number of febrile symptoms which we possess of that drug. In a case of synochal rheumatic fever where Aconite seemed to be required, but was given without the least benefit, we were induced to exhibit Colchicum alternately with Aconite every three hours. The result was brilliant beyond belief. Since then we have used Colchicum on several occasions, and have noted the following symptoms as indicative of its use: the fever is a continuous remittent fever, with afternoon exacerbations; the patient, during the exacerbation, complains of a progressively increasing dry heat over the whole body, accompanied with palpitation of the heart and thirst, sweat breaking out upon the skin

suddenly, and disappearing as suddenly; lancinating pains in the affected parts, increasing with the fever, being most violent in the night, abating in the morning, when they generally wander to some other part which becomes inflamed rapidly, whereas the part just left by the pain exhibits a simple pale swelling, which disappears entirely in the course of that day. For such symptoms we give Colchicum, third attenuation.

Mercurius is the remedy for rheumatic fevers which are characterized by the following group of symptoms: constant alternation of chilliness and heat, or internal heat accompanied with a continual chilly creeping over the affected parts; these parts have to be moved all the time, either on account of an internal uneasiness in the parts, or on account of the drawing-tearing pains which are experienced in them. A characteristic indication for Mercurius is profuse sweat which affords no relief, rheumatic pains in the head, limbs and joints, which are especially violent at night, the slimy coating of the tongue with slimy or saltish taste in the mouth, complete aversion to any kind of nourishment, great painfulness of the region of the liver, the epigastric region and the pit of the stomach, frequent evacuations of green mucus, accompanied with tenesmus.

The remedies which we shall now mention, correspond rather to those rheumatic fevers which belong to the class of the erethic fevers, the rheumatic pains being indeed continuous, but the inflammation of the ligaments, tendons and synovial membranes, being less intense.

First in rank is *Rhus toxicodendron*. It is indicated by tensive, drawing and tearing pains in the limbs, which are most violent when the patient is in a state of perfect rest, accompanied by a sensation of numbness in the affected parts, and as if they had gone to sleep, this sensation being especially experienced in those parts upon which he is lying; the pains are felt during the paroxysm of chilliness; the chilliness alternates constantly with the heat through the whole

course of the disease ; at night only the patient experiences heat with drawing in the limbs which occasions a desire to stretch them. Rhus deserves a preference over every other remedy when the attack has been brought on by wet, penetrating either to the whole surface of the body or only to single parts.

Pulsatilla is the remedy, when the patient, after having suffered with lassitude for several days, wakes in the morning with a chilly feeling and a tingling sensation in the parts upon which he had been lying, as if they had gone to sleep ; the chilliness continues after rising, and drawing, jerking pains now in one, now in another limb, especially in the long bones, or a painful swelling of the nape of the neck supervene the patient feels relieved about noon, the chilliness returns with increased violence in the afternoon and evening, the pains become more permanent, the affected part begins to swell and to become red, the pains suddenly pass to some other part. If such a fever occur after an abuse of Mercury, Pulsatilla is so much more necessary.

Sometimes such fevers commence in the night with an oppressive headache, great restlessness of the body which does not allow any sleep, chills creeping over the back, and sweat breaking out as soon as the patient covers himself: little by little the chilliness spreads over the whole body, assumes the form of a sensation of internal coldness which is not perceptible to the touch, except on the hands and feet, which are icy-cold ; gradually heat supervenes in certain parts of the body ; the head, for instance, feels hot, with increase of the headache and distended veins ; drawing, tearing pains in the small of the back, in the back, knees and thighs, set in as the characteristic signs of the rheumatic fever, occasioning a lameness or weakness of the affected parts, and being aggravated or reproduced by contact ; those symptoms are sometimes accompanied by bilious symptoms, such as : bitter taste with yellowish coating of the tongue, bitter eructations, nausea, vomiting, thirst, costiveness. When the above-mentioned group of symptoms occurs, China

is the specific remedy, which requires to be repeated more or less rapidly according to circumstances.

The Arsenic rheumatism sets in with peculiar symptoms which are frequently so confused that the physician is easily led astray by them, and is exposed to the danger of misapprehending the disease, unless the general character of the prevailing sickness reveals the real character of the attack. We find for instance paroxysms of anguish without any previous cause, accompanied with pressure and burning in the pit of the stomach, stitches in the side, tension and fulness of the abdomen; after a shorter or longer interval those symptoms are followed by a shivering, and, afterwards quenching the thirst, by real chilliness, which is afterwards accompanied by a drawing and a burning tearing in the limbs, preventing the patient's resting upon those parts, but being relieved by warming or moving the affected part. After some time a dry, burning heat with anxiety supervenes, during which the rheumatic pains become more violent, and which is accompanied with great thirst. A characteristic symptom of Arsenic is that the pains abate as the sweat breaks out, whereas in other rheumatic fevers, for which other remedies are indicated, the sweat affords no relief.

There is another kind of sub-inflammatory fever which is characterized by drawing, tearing pains, sensation of lameness or numbness, the tendons, ligaments or bones, are principally affected, there is no swelling, night exacerbation; the spinal column and the head are involved in the attack, the pains extend like labour-pains from the small of the back into the thighs, making the least movement impossible, and the night intolerable: such an attack yields to Chamomile.

Dulcamara is closely allied to Rhus as a remedial agent in rheumatic fevers. It deserves a preference over Rhus, if the fever was not occasioned by wet, but by a sudden retrocession of sweat in a draft of air or some other kind of exposure. A peculiar exciting cause is not always required to make the exhibition of Dulcamara necessary; the exhibition of that remedy

is justified when rheumatism is prevalent in the community, and the following group of symptoms occurs: sticking, drawing, or tearing pains in the limbs, with bloatedness of those parts and a sensation as if they had gone to sleep; violent fever with great heat; dryness and burning of the skin; badly smelling sweat which affords no relief, restless tossing about in the sleep, occasioned by a painful sensation of swelling in the nape of the neck and occiput, which does not allow one to lie quiet; drawing pain in the whole, or only in parts of the head, involving the ears.

Ranunculus bulbosus is another remedy in rheumatic fevers which has been too little considered heretofore, and is related to China in this respect, that the lancinating pains and the pains as if bruised are readily excited by contact, movement, or change of position, and that they are sometimes aggravated by the contact of a cool current of air. The fever, which is a continuous remittent fever, has evening exacerbations with a full hard pulse which should not induce the practitioner to interfere with the action of *Ranunculus* by exhibiting another remedy. The rheumatic fever for which *Ranunculus* is the specific, wanders from one part to another without affecting any particularly; it has, however, one peculiarity, which consists in the heat affecting only one side, with cold hands and feet.

Rhododendron chrysanthum is closely allied to *Ranunculus*. The *Rhododendron* fever is not very intense, for it does not even amount to an erethism of the vascular system, and consists of alternate chilliness and heat, accompanied with pressing pains in the head from within outward, and drawing in the limbs; at night a dry heat of the body sets in, with sleepless restlessness; towards morning the pains abate, and a slight general sweat makes its appearance. Characteristic indications for *Rhododendron* are a nightly drawing tearing in the periosteum, which is aggravated by bad, changing weather, at night when in bed and during rest; these symptoms disappear under the use of *Rhododendron*, as we know from experience.

Sulphur corresponds to rheumatic fevers which are characterized by a drawing sticking or a drawing tearing both in the limbs and joints, the latter being slightly swollen ; the pains abate by external warmth, and grow worse in cold ; the pains are relieved by motion, excited by rest ; Sulphur is particularly useful when the pains are seated. Sulphur corresponds particularly to rheumatic fevers with alternate chilliness and heat, an apprehensive oppressive sensation in the pit of the stomach, pains in the head and nape of the neck, violent stitches in the small of the back ; the night-sleep, which is of itself restless, is moreover disturbed by the violent headache, which cannot be relieved by any change of position. The accompanying fever is a continuous remittent fever, with exacerbations every evening, consisting of a slight chilliness which commences a few hours before falling asleep, and is not relieved by the warmth of the bed, no matter how much covering the patient may put on. Not until a few hours have elapsed, great warmth makes its appearance, which results in a sourish-smelling sweat towards morning. Generally the fever is accompanied with entire loss of appetite, or with inclination to nothing but sour things, great thirst, with feeling of dryness in the mouth, sour eructations, bloatedness of the abdomen and pit of the stomach, with sensitiveness to pressure of those parts, and insufficient, hard stool.

Characteristic indications for Arnica in those fevers are a tearing with tension in the parts which are affected by the rheumatism, but especially a lameness, and pains as if bruised, redness and swelling of the affected part, aggravation of the pains by the slightest motion, which is nevertheless made necessary by the uneasiness experienced in the affected parts, owing to which the same position cannot long be endured. Arnica is especially applicable in those febrile rheumatic affections of the thorax, which are relieved by movement, and resemble the pains, especially in the posterior portion of the thorax, which are experienced in consequence of a bruise or fall. Chilliness and heat

exist simultaneously, if one part feels warm, the other feels cold.

Cocculus corresponds to those rheumatic fevers where only one side of the body is affected, and a paralytic drawing, with painful stiffness in the joints, is experienced, which is aggravated by every movement, even of a part which is not affected. Cocculus is a distinguished remedy in rheumatic affections of the chest, characterized by stinging, and a pain as if sprained in the articulations of the chest and dorsal vertebræ. If the paralytic drawing pain affect the back, the pain is generally worst early in the morning, is aggravated by walking, stooping, or talking, and is not relieved till the patient has been lying down for some time. The fever consists of frequent paroxysms through the day of alternate heat and chilliness, with congestion to the face, which constantly remains pale.

Nux is a good remedy for drawing, tearing pains, especially in the dorsal, lumbar, sacral, and abdominal muscles, in the latter muscles a sensation of numbness and as if bruised being experienced at the same time; those pains are distinguished by nightly exacerbations, and do not admit of the slightest movement, or else require a constant change of position; they are accompanied with a feeling of heat over the whole body which deprives the patient of sleep, with excessive sensitiveness to all external impressions, costiveness, and shifting of flatulence in the abdomen.

As regards the following remedies, we content ourselves with merely mentioning their names, leaving it to the physician to consult the *Materia Medica* for a more accurate knowledge of the symptoms.

A most useful remedy in such cases, especially after an abuse of Mercury, is Lachesis. This remedy is indicated in pain and stiffness of the joints, with swelling; the pains are aggravated by movement and contact, evening and night; sweat affords no relief.

Indigo promises to become useful in rheumatic fevers.

Causticum may be consulted when the pains are drawing and tearing.

Euphorbium, when the pains are tearing or sticking, with sensation of pressure; they are aggravated by rest, relieved by movement.

Carbo vegetabilis, when the pains are drawing, tearing, with sensation of lameness, and arrest of breathing, characterizing the affection of the chest, flatulence.

Mezereum for tearing, drawing, and tensive pains in the long bones, with night exacerbation, and especially if Mercurius in allopathic doses have been previously given for syphilis. This latter indication applies likewise to Carbo vegetabilis.

Valeriana is excellent in rheumatic fevers, when the joints are principally affected. There are other remedies for rheumatic fevers, which we do not mention on account of the little use which has been made of them in practice.

The most frequent metastasis occurring in rheumatic fevers is to the pericardium; as we shall treat of that affection more in detail hereafter, we content ourselves with barely mentioning in this place the principal remedies for it, viz., Belladonna, Spigelia, Arsenic, Cannabis, Bryonia.

Rheumatic as well as catarrhal fevers may exist simultaneously with other acute affections, complicating them and making the use of other remedies beside those here mentioned necessary; frequently, however, one of the above-mentioned remedies is likewise indicated by the complication of the symptoms.*

* An interesting remedy for rheumatic fevers, which Hartmann has omitted to mention, is Guajacum. In the second number of the Examiner, Vol. IV., we have recorded a most remarkable case of rheumatism which Dr. Schellhammer cured by two doses of Guajacum. The symptoms were: violent stitches in the outer side of the right calf, which soon extended as far as the right ankle joint, and became so violent that the patient fell down, and was, since that period, no longer able to walk. By mismanagement, the patient was reduced to the brink of the grave, until Schellhammer effected a complete cure. When Schellhammer was called, the symptoms were: violent tearings and lacerations in the whole of the affected side, extorting constant shrieks day and night; cough, with expectoration of fetid pus; aversion to food; nausea and vomiting every morning; swelling of the limb, it was drawn up, stiff and immoveable; interstitial distention and softening of the tibia and tarsus; hot skin, tongue coated, vehement thirst.—HEMPEL.

FOURTH CLASS.

GASTRIC FEVERS.

§ 40. The fever is a continuous remittent, the digestive apparatus being principally affected; the fever differs according as it depends upon overloading the stomach, morbid action of the mucous membrane of the stomach, disturbed secretion of bile, or derangement of the whole intestinal canal. This fever is generally ushered in by premonitory symptoms which may be successfully combated by homœopathic remedies, thus preventing the fever altogether. The fever commences with violent heat, restlessness, oppression and anxiety; the patient feels ill and weak, complains of violent headache. Frequently, but not always, the epigastric region is sensitive, especially when touched, and the following symptoms are present: coated tongue, eructations, disagreeable taste, vomituration and nausea, increased alvine evacuations, or else constipation; dark, brown-red, saffron-coloured urine, sometimes depositing a sediment, want of appetite, increased thirst.

We shall offer the following classification of those fevers, which has no reference to the seat, course, and terminations of the disease, for these are frequently modified by epidemic or the prevalent morbid influences; nor has it any reference to the intensity of the fever, which may be of an inflammatory or even typhoid character.

§ 41. *Status gastricus, biliosus et pituitosus; gastro-ataxia saburralis, biliosa et pituitosa, of Schænlein; a gastric condition without fever. Premonitory symptoms of a gastric, bilious, and pituitous fever.*

This condition is characterized by the following symptoms: pressure and fulness in the region of the stomach, inclination to vomit, constant disagreeable eructations, bitter or slimy taste in the mouth, dryness of the mouth or confluence of saliva, aversion to food, coated tongue, debility; weight and drawing, or else an aching pain in the region of the forehead; also, in

the limbs, altered complexion, restlessness, low-spirit-
edness, coldness of the hands and feet. All these
symptoms are distinct indications of a derangement
of the digestive functions.

Persons whose digestive powers are naturally weak
are predisposed to such a state, which may be brought
on by over-eating, by heavy or spoiled food, unwhole-
some drinks, bad, damp air, great heat, anger, chagrin,
grief, etc.

It is not difficult to treat that affection homœopath-
ically, provided the exciting cause is known. The
proper and timely use of remedial agents shortens the
course of such diseases, and prevents their running
into corresponding acute affections.

If the gastric derangement be evidently owing to
overloading the stomach, the best medicine is fasting.
The patient ought to content himself with a little
water-gruel, and afterwards take some black coffee.

If the stomach have been deranged by fat meat or fat
food of any kind, with rancid taste and eructations,
the patient ought to fast and take Pulsatilla; in a few
hours he will feel better, especially in the stomach.

If the gastric derangement be characterized by
eructations tasting of the ingesta, by nausea, loath-
ing, inclination to vomit, Nature is frequently compe-
tent to relieve itself; but the efforts of Nature, which,
if unassisted, are frequently unsuccessful and torment-
ing, can be facilitated by tickling the *velum pendulum*
palati, *fauces* and *pharynx*, with a long feather; if
anything should remain in the stomach, a little black
coffee is sufficient to carry it off by the route of the
intestines.

If the stomach should have been overloaded to such
an extent that the power, or even the inclination, to
throw off the contents spontaneously should have been
suppressed, occasioning great pains in the epigastric
region, the dynamic irritability of the stomach is
restored by swallowing a spoonful of black coffee at
successive intervals, after which the contents of the
stomach, were they ever so excessive, will either be
thrown off by the mouth, or carried off by the rectum.

If those means should be insufficient to remove the contents of the stomach, or if, after their removal, loathing, nausea, inclination to vomit, should remain, these symptoms yield to *Antimonium crudum*.*

If the gastric derangement be occasioned by some dynamic cause, violent emotions, etc., the treatment differs. If any of the above-mentioned symptoms of gastric disturbance arise from violent chagrin, a small dose of *Chamomilla* is sufficient to remove them. If those symptoms and the still continuing chagrin be accompanied by chilliness and coldness of the body, *Bryonia alba* is the remedy.

Gastric disturbances arising from violent fright and chagrin, are entirely removed by *Aconite* within the space of three or four hours.†

Gastric derangements frequently occur in persons who are constantly bowed down by grief and chagrin, other morbid symptoms beside those of the gastric affection being likewise present. An indispensable requisite for a permanent cure is the removal of the causes which have brought on the disease. The humane physician will do all in his power to cheer up the patient, and to afford him every opportunity for rational amusement. If these conditions can be fulfilled, which is not always possible, owing to the limited means of the patient, *Ignatia amara* will be found sufficient to remove the trouble about the stomach; if one dose should not be sufficient, another one may be taken in two hours, either weaker or of the same strength.

If the gastric symptoms arise from taking cold, or from exerting the mind or body immediately after a meal, were it even moderate, *Nux vomica* is the best remedy. If those symptoms owe their origin to coldness of the stomach, occasioned by a cold drink or

* Especially if there remain a taste of the food in the mouth; *Nux vomica* is in many cases superior to Antimony. The spasmodic vomiting of mucus, which sometimes remains for hours after the contents of the overloaded stomach have been thrown off, is stopped by *Nux vomica*.—HEMPEL.

† The most prominent symptom of a gastric derangement, arising from violent chagrin, is sometimes a deep sopor, from which the patient can only be roused by shaking him violently; this condition yields to *Opium* 18.—HEMPEL.

fruit, Arsenic and sometimes Pulsatilla are the best remedies ; a gastric derangement which is characterized by a good deal of flatulence, and arises from eating cabbage, and other kinds of food containing watery particles, yields to Bryonia.

If the usual symptoms of a gastric affection be accompanied by the gulping up of an acrid acidity from the stomach, or if the acidity exist without the other symptoms as a chronic affection, which is usually termed heartburn, Nux is the best remedy, provided it corresponds to the remaining symptoms ; for chronic heartburn, Sulphuric acid is perhaps more frequently suitable, provided all the accompanying symptoms correspond.

The above-mentioned symptoms, denoting a disturbance of the gastric functions, may all be brought on by the fault of the patient ; but they may also occur as a sporadic or epidemic disease while the patient is under treatment for some chronic affection. Under those circumstances the above-mentioned remedies have to be employed, but in as weak doses as possible, lest the treatment of the principal chronic affection should be entirely interrupted.*

§ 42. *Gastric fevers ; saburral, gastric, bilious fever.*

We have alluded to the precursory symptoms of

* There are other symptoms, and also other remedies, for gastric affections, which Hartmann has not mentioned. We recommend Calcareo carb., Carbo veg., China, Capsicum, for acidity of the stomach and heartburn, each of those remedies to be chosen in accordance with the symptoms.

Carbo animalis is an excellent remedy for sour stomach, with scalding sensation in the throat.

Lycopodium for acid risings from the stomach, constipation, cuttings from the liver to the epigastrium.

Arsenic for burnings in the pit of the stomach, œsophagus and pharynx, with constrictive or suffocative sensation in the throat, and constant thirst ; or for sensation as if the stomach were torn to pieces.

Digitalis for excessive debility in the region of the stomach as if this would die ; accompanied by irregular pulse.

Ignatia for great weakness in the epigastric region, with a burning pricking.

Spigelia for a strange sensation of weak soreness in the pit of the stomach ; the patient cannot bear the pressure of the clothes ; this pain is frequently accompanied with soreness of one eye-ball, and pain on turning it or looking down ; twitchings in the lid, sensitiveness to light.

Lachesis for excessive rolling of wind from the stomach upwards.

Nux vomica for gastric derangement arising from abuse of coffee or spirituous drinks.

Merc. for soreness as of an abscess in the pit of the stomach.—HEMPEL.

those fevers in the preceding paragraphs. If the precursory symptoms be not relieved, and the gastric fever become fully developed, then the fulness and pressure in the region of the stomach increase, that region becomes distended, although it remains soft and is not sensitive to pressure; it is filled with gas, as may be ascertained by percussion, accompanied with inclination to vomit, rising of fetid air, sometimes vomiting of food and tenacious, bile-coloured mucus; the tongue is covered with a thick crust of dingy-yellow mucus, the abdomen is soft, the bowels are either constipated or else the patient discharges a quantity of fetid stool, consisting of badly-digested food. A peculiar kind of headache is almost always present, a sort of pressure in the forehead, commencing in the frontal sinus and thence spreading over the orbital region; general feeling of debility; wretched, disfigured appearance, with yellow tinge of the whites of the eyes; the chilliness is more or less violent, succeeded by heat and dryness of the skin; the pulse is irritated, quick, soft, sometimes intermittent, or at any rate unequal, the urine is turbid, smells like horse-urine.

If the bilious symptoms be particularly prominent (in which case the fever is called *febris biliosa*, or in the language of the older physicians, *causus*) all the symptoms are then generally more violent, the heat is very great, there is great burning and turgescence of the skin, the restlessness and the thirst are great, the patient has a great desire for sour drinks, and the prevalence of the bilious symptoms is visible all over. The tongue has a lemon-coloured coating, which becomes gradually brown, taste and eructations are bitter, the patient vomits a greenish, bilious matter, the bowels are confined, or else there are yellowish, green or brown discharges from the bowels, the countenance looks livid, and somewhat jaundiced; these symptoms are sometimes accompanied by sensitiveness, hardness, tension, warmth, burning in the region of the liver and stomach; the urine is dark-brown, tinged with the colouring matter of bile, the pulse is frequent, full, intermittent or double-beating.

§ 43. The gastric fever is liable to be confounded with typhus, from which it is distinguished by the absence of all nervous symptoms (which may exist, however, when the fever is of a torpid character), and of the aching pain in the occiput; nor are the senses of sight and hearing disturbed with illusions; in typhus the region of the stomach is not distended, but is painful to the touch; there is no pain in the region of the cæcum, which is a constant characteristic of typhus; the characteristic typhus evacuations from the bowels are likewise wanting in gastric fever, nor is the spleen enlarged.

Individuals with weak stomachs, suffering with dyspepsia and great irritation of the mucus membrane of the stomach, are particularly predisposed to gastric fever. Cold and wet weather in the summer-season favours the occurrence of gastric fevers, which are even epidemic at such periods; they may be likewise occasioned by injurious and heavy food, stimulating medicines and bitters, overloading the stomach, by chagrin, anger, cold on the stomach. Epidemic bilious fever is sometimes developed out of an epidemic fever and ague.

The course of the disease is sometimes very rapid, twenty-four or seventy-two hours, sometimes it lasts fourteen or twenty-one days. A successful termination of the disease is generally accompanied with profuse evacuations of some kind, either vomiting of badly tasting, bilious substances, or fetid stools, profuse sweats, clear urine, with earthy, flocculent sediment; in a few cases miliary eruption makes its appearance upon the skin in the region of the abdomen; an eruption upon the lips is frequently present. The fever may leave chronic derangements in the digestive system, or may pass into typhus or intermittent fever. If the so-called typhoid symptoms supervene during the course of the gastric fever, the abdomen becomes distended, meteorism sets in, a constant sensation of pressure is experienced in the region of the stomach, there is a constant inclination to vomit, the coating of the tongue is browner than usual, the tongue is dry, the

extremities are cold, the pulse is frequent, wiry, small, the urine is brown, decomposed, emitting a strong ammoniacal odour, the patient becomes delirious; involuntary discharges of fæces and urine, sopor, and the usual typhoid symptoms set in. Death rarely takes place by local disorganizations, inflammation and ulceration of the mucous membrane of the stomach; death is more frequent by the gastric fever passing into typhus, and paralysis taking place in consequence. Should a chronic inflammation and subsequent suppuration of the mucous membrane of the stomach set in, the physician's attention will necessarily be directed, by the obstinate duration of the gastric symptoms, to such a process of disorganization having commenced; and he will find that the fever, which gradually increases again, has become a slow, chronic, secondary affection, depending upon the incipient degeneration.

In most cases the prognosis is favourable; the complication with typhoid symptoms makes it more doubtful. The convalescence is generally very short.

§ 44. The homœopathic treatment of simple gastric fevers is generally very easy, and, in most cases, successful. The lighter forms of those fevers, such as saburral fevers, frequently terminate in two or three days. The following remedies deserve a preference in the treatment of those fevers: Puls., Bryo., Nux vom., Ipec., Tart. emet., Antim. cr., Chamom., Coloc., Acid. phosp., and Arsenic.

What we have said of the treatment of the premonitory gastric state, is likewise applicable to the simplest kind of gastric fever, the saburral fever. The same remedies will generally be found sufficient.

Pulsatilla is a specific remedy in that affection when the patient is out of humour and disposed to weep, and when the following symptoms are present: great chilliness, absence of thirst, aversion to food, especially warm, meat, bread, milk and tobacco; slimy, sour, bitter taste, eructations, vomiting of food, pressure at the stomach, and sensation as if the food were in the intestines undigested, rumbling in the abdomen, nightly green stools, restless night sleep, disturbed with dreams.

Pulsatilla is adapted to individuals with excessive venosity, when a throbbing is experienced in the pit of the stomach, when the patient is periodically affected with stinging pains in the stomach, and the fever exacerbates in the forenoon. *Pulsatilla* is likewise suitable in that form of gastric fever, which was designated by the older physicians as a *febris gastrico-venosa*. If a sense of illness, debility, a chilliness in the body, and a want of appetite, should remain after the exhibition of *Antimonium crudum*, these symptoms will yield to *Pulsatilla*; the symptoms remaining after *Antimony* may likewise indicate *Nux* or some other remedy.

Nux vomica is especially suitable to irritable, lively, plethoric and hypochondriac individuals, whose digestive powers have been weakened by mental exertions, a sedentary mode of life, abuse of coffee and spirituous drinks. *Nux* is likewise indicated when the gastric fever arose from a violent commotion of the mind by surprise, fright, quarrelling, etc., and the proper specific was not at once resorted to, allowing the fever time to establish itself in the system. If the gastric disease was occasioned by frequent chagrin, and the symptoms occasioned by those mental disturbances do not yield to the specific remedy, *Nux* ought to be employed (*Pulsatilla* rivals *Nux* under those circumstances). *Nux* may likewise be administered for the following group of symptoms: considerable heat in the face, burning heat in the eyes, dry lips, great thirst, violent lancinating pain in the forehead or hemi-crania, brownish or slimy coating of the tongue, acid taste in the mouth, nausea, tension and distention of the region of the stomach and of the abdomen, with fulness and pressing towards the chest, oppression of breathing, anxiety, violent, spasmodic pains in the stomach, with sensation of griping and tearing away, rumbling and pinching in the abdomen, constipation, flatulence, yellowish tinge around the nose and mouth, general restlessness, great sensitiveness of the organs of sense.

If there should be an excessive tendency of the vital

action upward and downward, with vomiting and diarrhœa, cutting pains in the whole of the abdomen, with fetid flatulence and discharges of undigested food, Antimonium crudum is the best remedy even in the most obstinate and dangerous cases. Ipecacuanha corresponds more to a gastric derangement brought on by general causes, such as : weather, etc. (in opposition to a gastric derangement occasioned by specific influences, such as : fat food, etc.), when inclination to vomit is present, or when the nerves of the stomach are excessively sensitive and irritable, and the introduction of the least quantity of food into the stomach brings on the vomiting.

Remedies that affect the healthy organism in a similar manner, must necessarily correspond to similar morbid conditions ; this is especially the case with remedies which antidote one another. It is for this reason that Tartarus emeticus, which antidotes both Ipec. and Puls., is a useful remedy in gastric fevers. This remedy deserves a preference when the following symptoms make their appearance : great drowsiness with the fever ; reddish, itching rash on the trunk, especially the chest ; violent vomiting and nausea day and night, yellow-brown diarrhœic stools, with excessive cutting in the bowels.

Bryonia is a distinguished remedy in gastric fevers, which depend upon a double cause, cold and chagrin. It is indicated when the gastric derangement is accompanied by great febrile heat, mingled with slight chills, great debility, nightly exacerbation of the symptoms, when the patient is irritable and out of humour, and complains of a pressing pain in the forehead from within outward. These symptoms are accompanied by dry mouth and tongue, violent thirst, desire for acidulated drinks, pressure at the stomach, stinging in the liver when touching the region of that organ, or when coughing and taking a deep inspiration ; empty retching, continuing for some time, and gradually increasing to a bilious vomiting after a good deal of hickuping (this shows that Bryonia is a good remedy in bilious fevers), accompanied with pinching, cutting

colic, constipation being sometimes present. Bryonia deserves consideration when the gastric fever is complicated with rheumatism, and when the synochal fever threatens to assume a typhoid character.

Colocynth is on a par with Bryonia. It deserves a preference when the gastric fever was brought on by a fit of indignation, by deep mortification in consequence of humiliating treatment, and when it is accompanied with sleeplessness, violent heat, with a hot, dry skin, and a full accelerated pulse. The colocynth fever is likewise characterized by a pressing pain in the forehead, which is more violent in the recumbent posture than in walking. The gastric symptoms are not as intense as those indicating Bryonia. If vomiting be present, it is copious, and the ingesta are thrown off; the colic is generally very violent, is occasioned by eating the slightest quantity of food, and generally consists in a violent cutting, with chilliness and tearing in the lower limbs, and frequent yellow-greenish diarrhœic stools. Colocynth is an excellent remedy, not only in gastric, but also in bilious fevers.

Acidum phosphoricum is an excellent remedy in such fevers, when they arise from grief, deep and gnawing sorrow, anxiety and care, and are accompanied by great restlessness, a pushing and tumult in the blood, and profuse sweats. The fever generally consists of alternate chilliness and heat, strong, irregular pulse, and extreme apathy. The pressing headache is likewise present, but more in the vertex than in the forehead, and is accompanied with a sensation as if the brain were bruised. The whites of the eyes are of a dingy yellow, the eyes are faint, without lustre, sunken, surrounded with bluish circles, and making the face look pale and sunken. The thirst is greater than the appetite, which is constantly accompanied with nausea; after every meal the patient experiences a painful pressure in the pit of the stomach which is increased by contact. Characteristic indications are the burning in the abdomen with sensation as if it were distended, especially in the umbilical region,

and the discharges by the rectum of white-grey mucus.

One of the principal remedies in gastric fevers, and indeed in many other affections of the mucous membranes, is Arsenic. It is indicated by an excessive prostration of strength which is by no means proportionate to the intensity of the other symptoms, by great dry and burning heat, and panting for drink; a number of other symptoms which do not generally belong to gastric fevers: such as tearing, burning pains in the extremities, spasms, pressing headache, loss of appetite, evanescent sweats, anguish, etc., are likewise present and, by a process of metaschematismus, invade other parts and internal organs. Arsenic deserves especial consideration when the gastric symptoms are accompanied with violent burning pains in the stomach and pit of the stomach, swelling and pain of the liver and spleen, meteorism.

The following remedies which are likewise useful in some forms of gastric fever, will be spoken of more in detail in the subsequent paragraphs: Veratrum, Belladonna, Cocculus, Mercurius, Staphysagria, Digitalis, China, Taraxacum, Asarum, Ignatia, Colchicum.

§ 45. If the bilious symptoms be the most prominent, Chamomilla is a principal remedy, especially if the fever originate in violent chagrin or vehemence and be characterized by great general heat, burning of the face and eyes, violent thirst, bitter bilious taste in the mouth, vomiting of a substance which is bitter as bile, thick, yellow coating of the tongue, tension of the abdomen, and the hypochondria, colicky pains in the abdomen accompanied with rumbling, watery, green, yellow evacuations, startings as if in affright, tossing about during sleep, sallow, yellowish complexion, excessive irritability and sensibility to pain, painful pressure at the stomach as from a stone, with shortness of breath and anguish. Only in case Chamomilla should have been used as a tea previous to the arrival of the physician, it ought not to be administer-

ed as a remedy.* In such cases *Coffea*, *Ignatia*, *Nux*, *Cocculus*, *Pulsatilla* are better indicated.

Ignatia is preferable to *Chamomile*, when the bilious fever has arisen from concealed chagrin and when the usual *Chamomilla* symptoms are moreover accompanied with silent grief and shame. If the fever was occasioned by chagrin with indignation, *Staphysagria* is the remedy. *Staphysagria* is likewise indicated when the disease commenced with fainting fits.

Mercurius deserves especial consideration, when the gastric-bilious condition is accompanied with frequent diarrhœic stools of green mucus which is sometimes acrid and streaked with blood, the discharges being almost always preceded by a painful pressing in the rectum and an anxious tremor with colic ; the patient is moreover affected with a jaundiced colour of the skin, yellow-coated tongue, bitter taste and eructations, desire for sour things, great sensitiveness of the region of the liver which is painful and distended, the urine is dark and has a putrid smell.

China deserves consideration in cases of debility occasioned by the use of cathartics and emetics, (it will therefore have to be frequently employed in gastric fevers which had been treated in the usual old-school fashion) and when the following group of symptoms occurs : Dulness and want of clearness in the head, vertigo when raising the body, tearing headache, especially at night ; restless, unrefreshing sleep, clay-coloured, yellowish tinge of the skin, and whites of the eye ; yellow coating of the tongue, dry lips, want of appetite, bitter eructations and taste, retching and pressure at the stomach, oppression of the chest, frequent whitish or greenish-yellow stools, emission of fetid flatulence, which affords no relief ; dark red urine, slight thirst, great debility, disposition to be vehement and out of humour ; enlargement, and induration of the liver and spleen.

* As a general rule ; but there are cases of bilious fever or bilious colic where *Chamomile* tea has been used without effect, and where the homœopathic preparation of that drug effected a cure. Such cases have occurred in my practice at any rate.—HEMPEL.

If the gastric and bilious symptoms be accompanied with violent cutting pains in the abdomen which appear at intervals and seem to proceed from flatulence; if there be an entire want of action in the rectum, constipation or else greenish-yellow diarrhœa with loud rumbling and frequent emission of flatulence; if the abdominal pains be so violent that the patient is on the point of losing his senses, and the body becomes cold; if the patient have an anxious, irritable, hypochondriac mood: *Veratrum album* is frequently the best remedy.

§ 46. We sometimes meet a peculiar form of gastric fever, which was formerly termed *febris venoso-gastrica*. This kind of fever is almost always preceded for a time, often even for years, by the symptoms of predominant vascosity and abdominal plethora, which is easily increased by an error in diet, or by other hurtful influences, and, in that case, gives rise to febrile phenomena and to derangements in the digestive and the portal system. The fever is obstinate and remitting, the patient's countenance is red and puffed, he is anxious, out of humour, melancholy, the bowels are slow, the tongue is coated, the appetite is gone, there is nausea, changed taste, without, however, any evidence of undigested food having remained in the intestinal canal, the pulse is mostly hard, small, not frequent, the urine is either not altered or else dark and smells like horse urine, there is not much sweat, and sometimes the sweat is cold. After the fever has lasted about a fortnight, the patient discharges a considerable quantity of fetid, bilious, or slimy substance; these discharges relieve the patient and generally break the fever. We have already mentioned that *Pulsatilla* is a chief remedy in such fevers; but *Digitalis* is likewise recommended. It is especially suited to individuals with sanguine temperament and soft, flabby muscles, slow pulse, weak stomach, nausea, bitter mouth in the morning on waking, vomiting of the ingesta, spasmodic griping, tearing pain in the stomach, sensitiveness of the pit of the stomach to pressure, vertigo, aching pain in the forehead over the eyes, great debility as if one

could not stand upon one's feet, little sleep and anxiety. Among the other remedies, we distinguish *Nux vom.*, especially when the small of the back is weak; and a pain as if bruised is experienced in that region, *Verat. album*, *Belladonna*, *Bryonia*, *Chamomilla*, *Rhus tox.*, *Capsicum*, *Arsenicum*, and especially *Sulphur*; this latter remedy is a specific remedy in this disease arising from chronic abdominal plethora, which is frequently accompanied by hæmorrhoidal affections.

Cocculus and *Belladonna* deserve a particular mention in the treatment of this class of fevers. *Cocculus* is especially adapted to gastric-bilious fevers which arise among other causes from chagrin and abuse of chamomile, and are aggravated after every eating and drinking, sleeping, talking, smoking, coffee; the aggravation frequently amounts to a fainting fit, after which great debility and trembling of the limbs remain. The fever consists principally in a sudden, pretty violent flush, with thirst, small, hard pulse, cold feet, and excessive sensitiveness of feeling. The gastric symptoms are: change of taste, aversion to food or drink, with heat and redness of the face, frequent bitter eructations followed by hickup, oppression at the stomach, and pain in the hypochondria; constipation.

Both *Cocculus* and *Bellad.* are particularly adapted in such fevers to children and females. *Belladonna* is particularly useful when the fever occurs after a cold, in lymphatic and scrofulous subjects. The fever itself is a violent burning heat, with strong, quick pulse, great thirst, profuse dark urine, the sleep is disturbed by frightful dreams; the mind is agitated, the blood rushes to the head, which aches intensely, the cheeks are hot and red. These symptoms are frequently accompanied by a slimy and bilious vomiting, a burning, griping tearing in the umbilical region, and frequent but ineffectual urging for stool.

§ 47. In robust and plethoric young individuals the febrile phenomena are sometimes very strongly marked and intense, requiring the exhibition of *Aconite*, which is so much more advisable as *Aconite* has proved a specific against the consequences of fright, anger,

chagrin, especially when the circulation and the functions of the liver were disturbed by those causes. Aconite is particularly indicated by violent chills followed by a general dry and burning heat, hard, full, bounding, accelerated pulse, great thirst, and a general profuse sweat succeeding after the heat.

If typhoid symptoms should set in, or if the fever should become a real typhus, the remedies which will be more particularly described in the chapter on typhus, such as Bryonia, Belladonna, Rhus tox., Phosphorus, Arsenic, etc., require to be used. Arsenic is suitable even in purely gastric fevers when the following symptoms are present: blackish, diarrhœic stools, accompanied with violent colic, vomiting, great internal burning heat, dry lips and tongue, unquenchable thirst, excessive debility and prostration, great anguish, nightly restlessness, burning and beating in all the blood-vessels, clammy sweats, apoplectic symptoms.

The diet requires to be carefully regulated, of course. However, errors in diet need scarcely to be apprehended, as the patients have an aversion to food, especially warm food. The best beverage is fresh water, in a very few cases some other drink may be given.

§ 48. *Mucous fevers, erethism of the mucous membrane of the intestinal canal.*

This fever is essentially a catarrhal affection of the greater portion of the mucous membrane of the chylo-poëtic canal; sometimes the mucous membranes of the other systems and organs are likewise affected. The precursory symptoms which sometimes set in a long while before the fever breaks out, are: loss of appetite, flat taste or entire absence of taste, white slimy coating of the tongue, loathing, great repletion of the stomach, irregular evacuations, pale countenance and debility, and other symptoms which have already been mentioned among the precursory symptoms of gastric fever. All those phenomena are generally mild, sometimes the patient feeling rather comfortable, chilly. As a general rule the develop-

ment of the disease takes place in a concealed manner, the symptoms have a mild character and the disease is on that account, easily neglected and overlooked. As the disease proceeds, the patient throws up a tasteless white mucus, the stomach is distended by the introduction of the least quantity of food, a tension and pressure being experienced at the same time; the tongue which had been so far covered uniformly with a white mucus, now becomes dark-red at the tip and on the edges, which indicates the setting in of a typhoid condition. On the other hand we sometimes see the tongue remain white during the whole course of the disease, but it becomes dry especially in the evening; the taste is unpleasant, with sensation as if the mouth were filled with mucus, which is sometimes visible and lines the mouth and palate like glue; in the morning long threads of a thick, tenacious mucus are either hawked or gagged up. The bowels are generally slow or confined; only when the affection spreads over the mucous membrane of the lesser intestines, the patients have from two to six stools a-day, accompanied with rumbling and pinching, the discharges consisting in white, jelly-like thready mucus, mixed with undigested food, the colouring matter of bile and pieces of worms; the urine is straw-coloured, loamy, flocculent, and depositing a whitish sediment. In the commencement the fever has distinct remissions which afterwards become almost imperceptible, the pulse is seldom frequent, rather soft, more so than full and irritated; thirst and sweat are moderate, sometimes however the patient has a great desire for drink, the skin is slightly warm, the patient feels weak. Drowsiness, aching of the forehead, restless night sleep, dim eyes without lustre are almost constantly present, the patient is generally indifferent, peevish, in a state of apathy.

§ 49. The mucous fever which is frequently confounded with gastric fever and typhus, is sufficiently characterized by the peculiar symptoms of the mucous membranes which make their appearance in the very commencement of the disease, by the copious secretion

of a tenacious, albuminous, thready mucus, by the coating and the peculiar colour of the tongue, by the mildness of the fever, with a pulse which is but slightly or not at all accelerated, and by the absence of pain in the ileo-cæcal-region, of the characteristic typhus evacuations from the bowels, of enlargement of the spleen, etc.

Predisposing causes are : youthfulness, female sex, scrophulosis, worm affections, disposition to chronic blennorrhœa of the abdominal organs, especially the stomach. The outbreak of the disease is favoured by wet and cold or damp summer weather, and by confining one's self to a vegetable diet, consisting principally of indigestible, heavy food ; these causes are often sufficient to make the fever epidemic.

The course of the disease is always slow ; in the most favourable circumstances it lasts a fortnight, sometimes much longer, as the patient is liable to relapses and temporary aggravations. As the disease progresses, the symptoms frequently change ; sometimes the increased secretion of mucus spreads over the mucous membrane of the whole abdomen, the respiratory, urinary, and genital organs ; or the fever assumes the so-called typhoid character, with muttering delirium, humming in the ears, dull and stupid feeling of the head, hardness of hearing, subsultus tendinum, grasping at flocks. Very often a rash, in the shape of white crystal-coloured vesicles, makes its appearance, accompanied with profuse, fetid, exhausting sweats. Sometimes aphthæ form in the mouth with fetid, cadaverous smell from the mouth, and ptyalism ; the aphthæ may even affect the mucous membrane of the whole abdomen, as may be inferred from the existing tenesmus and the shreds which are discharged from the rectum.

The disease is rarely complicated with other diseases ; in young, plethoric individuals, however, the mucous membrane may become inflamed and ulcerated.

Post-mortem examination has shown the following

results : the mucous membrane of the chylopoëtic canal is covered with thick viscid mucus, the mucous membrane itself is interstitially distended, of a dingy grey colour, reddish, and softened to such an extent that it can be pulled off or even wiped off, like pap; the criptæ mucosæ are enormously enlarged, distinctly visible; some parts look as if the mucous membrane had been cut off, without redness, swelling, or interstitial distention about the edges.

The prognosis is not unfavourable even when the disease is perfectly developed, or the treatment has been neglected. Slimy diarrhœa, supervention of typhoid or putrid conditions, with rash and aphthæ, discharge of decayed worms make the prognosis very doubtful. Recovery is generally characterized by the following appearances : mild sweat (a rash making its appearance which afterwards scales off), straw-coloured urine, with a thick clayish sediment, and calm sleep, but it is almost always slow, and the patient is greatly inclined to have relapses. Death either takes place by the formation of aphthæ covering the mucous membrane of the abdominal and respiratory organs and becoming gangrened, or in consequence of the non-appearance or the retrocession of the rash, or by paralysis of the abdominal nerves causing meteorism, involuntary discharges of cadaverous stools, small, weak and trembling pulse, and sopor, or lastly the brain may become paralyzed.

§ 50. It is of great importance in this disease to employ suitable remedies before the fever is fully developed; this will frequently enable us to cure the patient in a very short time, whereas, if the precursory stage be neglected, the disease becomes very obstinate. The principal remedies for the precursory symptoms of mucous fever are : Pulsatilla, Ammonium muriaticum, Nux vomica, Ipec., Merc., Dulc., Ignat., Staphys., Senega.

Pulsatilla deserves a preference over every other remedy in individuals of a flaccid, lax, venous-lymphatic constitution, who, by eating too much fat and

rich food, have brought on a total want of appetite, flat, slimy taste, coated tongue, chilliness, ill humour, and a want of muscular tonicity.

The physiological effects of Ammonium correspond perfectly to the symptoms of the status pituitosus. For centuries past Ammonium has been recommended for those morbid phenomena which it produces in the healthy organism in the most striking manner. White slimy coating of the tongue, constant hawking, occasioned by a quantity of viscid mucus in the throat; a disagreeable, pappy taste in the mouth, with confluence of water, aversion to food, loathing, empty eructations, gulping up of bitter, sour water, *malaise* and warmth in the stomach, discharge of glassy, tenacious mucus by the rectum, etc., indicate the use of Ammonium.

Nux vomica is suitable when the patient has been irritated by chagrin, and when the following symptoms occur: dry tongue, coated with white mucus, disposition to acidity of stomach, dyspeptic symptoms after every meal, heartburn, distention of the pit of the stomach, constipation, dull and obtuse feeling about the head. Dulcamara is recommended when the fever has been occasioned by a cold, and when it is characterized by the following group of symptoms: flat, soap-like taste, great thirst, dryness of the tongue, increased secretion of saliva, aversion to any kind of food, dingy white coating of the tongue.

Another distinguished remedy is Mercurius, which corresponds both to the precursory symptoms and to the disease itself, when it has reached a certain degree of development. Mercurius is indicated by the following symptoms: increasing diminution of appetite, tongue coated with white mucus, excessive and painful dryness in the throat when swallowing, putrid taste and smell, loathing and nausea, tearing burning pains in the temples, pressure and tension in the pit of the stomach, in the region of the stomach and liver, régurgitation of an acrid fluid into the mouth, turbid, slimy urine depositing a sediment, irregular evacuations, with frequent tenesmus, pale, livid, yellowish

countenance, debility, want of irritability; characteristic symptoms are: thick coating of a dirty mucus on the tongue, flat, pappy taste as of soap, great desire for piquant dishes, dryness of the mouth and throat, sluggish stools or else constipation, or diarrhœic stools of fetid mucus, great mental and physical prostration.

In the commencement of the disease, Ignatia is sometimes useful, especially when the symptoms are changeable, and when the following group of symptoms occurs: great indolence, inclination to lie down, weight and pressure in the forehead, pain in the pit of the stomach, alternate redness and paleness of the face, dry and chapped lips, white-coated tongue, flat, insipid taste, great aversion to food and drinks, regurgitation of a bitter substance, frequent discharges of white mucus; sudden flushes of heat over the whole body are frequently present, with small, accelerated pulse.

Staphysagria may likewise prove useful in the first commencement of the disease, and competes with Ignatia when the disease has been occasioned by moral emotions. But even in the highest degrees of pituitous fevers, Staphysagria is an excellent remedy, even when typhoid and putrid symptoms have made their appearance. The attending physician will easily discover the symptoms indicating Staphysagria without our mentioning them. All that we intended to do was to point to Staphysagria, and likewise to Senega, which is indicated for many affections of the mucous membranes, especially when the patients are of a phlegmatic, passive disposition. In cases where Senega is indicated the fever is not very violent, there are merely slight shiverings and heat, accompanied by a beating pain in the head, laboured breathing with anxiety, stitches in the chest, the whole body feels bruised, the pulse is frequent, and the thirst increased; the stools are rather less frequent, in a few cases more frequent than usual; there is an accumulation of viscid mucus in the throat, occasioning constant hawking.

The following remedies have likewise been found

useful in practice: Bryo., Rheum, Cham., Dig., Antimonium cr. and Tart. emet., Cina, Bellad, Ac. sulphur., Ars., Phosph., Sepia, China, Rhus, Spig., Mezereum. Digitalis especially is a distinguished remedy in fully-developed mucous fevers when the vital forces are greatly depressed, when the pulse is slow, the patient is very feeble, complains of pressure and fulness in the pit of the stomach, constant loathing, nausea and frequent vomiting, thirst, diarrhœa, vertigo, aching in the forehead over the eyes, restlessness, and scarcely any sleep.

Sepia may likewise be ranked among the remedies for pituitous fever; it is frequently adapted to fevers of that kind which have a long run without being characterized by any violent symptoms. We take this opportunity of remarking that Sepia is an excellent remedy for plethora venosa abdominalis, provided the symptoms correspond.

If the fever assume a torpid character and typhoid symptoms make their appearance, Bryonia will be found an excellent remedy as long as the typhoid symptoms have not reached a high degree of violence and when the following group of symptoms occurs: violent congestion to the head, dry, burning heat, dry lips, dry, red tongue, pressure at the pit of the stomach, constipation, wandering looks, slight delirium, etc. Rhus corresponds to similar symptoms when the pulse is very much depressed. Belladonna deserves a preference when the brain is principally affected and when the following symptoms occur: quick, hard pulse, dry skin, great thirst, parched tongue. If the increased secretion of mucus spread over the respiratory organs and the intestinal canal, if expectoration of mucus, rattling in the trachea and diarrhœa be present, if the patient lie still with open mouth, dry, parched, black lips and tongue, if the respiration be oppressed and delirium and floccilegium be present, Phosphorus is the suitable remedy. If rash threaten to break out, which is almost always accompanied with a peculiar sighing breathing, Ipecacuanha is particularly suitable. If the rash should have actually

broken out, or should have receded, Arsenic may still save the patient's life. The characteristic symptoms in such a case are: sopor, cold sweats, blackish lips and teeth, dry, trembling tongue, unquenchable thirst, meteorism, involuntary discharges of fæces and urine, snoring, oppressed, and excessively hurried breathing, small, trembling, very frequent pulse, automatic movements of the hands, nightly muttering delirium. (Acidum phosp., and Carbo veg. ought to be thought of when those symptoms occur). Arsenic is likewise indicated when aphthæ form in the mouth, no matter whether it be a simple or putrid ulceration, and affect the whole intestinal canal. For simple aphthous ulceration Mezereum may likewise be indicated, especially when a violent burning in the fauces and stomach is present, and the aphthæ look flat and flaccid; Mercurius, Acid. nitr. and sulph. may also prove curative. If gangrene threaten to set in, Arsenic is the first remedy, China, Ac. mur., Carbo veg. and Baryta are the principal remedies next to Arsenic.

The diet is of the utmost importance both in the precursory stage, in order to prevent the full development of the fever, and in the stage of convalescence, in order to prevent a relapse. The object of diet in the precursory stage is to arrest the excessive secretion of mucus; in the stage of convalescence the object of diet is to invigorate the patient by suitable nourishment without exposing him to the danger of having a relapse for which there is a great disposition. The patient ought to take small quantities of liquid food with a good deal of drink, the convalescent patient may add a few drops of wine to his drink.

§ 51. *Worm fever; helminthiasis.*

Worm affections, with or without fever, are evidently chronic diseases. Entozoa are no disease, but the product of disease, which may however react upon the organism as a morbid cause. We class worm fever and even the chronic condition which is termed helminthiasis, among the acute diseases for this reason, that a worm fever is very similar to gas-

tric and pituitous fevers, and that it generally sets in only while the organism is under the influence of some other affection which makes the contents of the bowels unpleasant to the worms; when this is the case, the worms writhe and twist themselves about in the intestines, irritating the mucous membrane of these organs.

Physicians have mentioned so many symptoms as indicating the presence of worms that it is difficult to offer a well-marked image of a worm fever. Many of those symptoms are extremely changeable; they are occasioned by the temperament, sex, individuality, or mode of life of the patient, or may characterize the gastric, pituitous, or other similar affections of the patient. Nevertheless there is a sufficient number of characteristic symptoms which leave no doubt about the true nature of the affection; these are the phenomena which reveal the characteristic irritation of the mucous membrane of the intestines. But even of these symptoms, no single symptom has any decisive value as a diagnostic symptom; it is the simultaneous occurrence of a number of such symptoms which decides the character of the disease. The discharge of one or more worms or pieces of worms is no certain proof that the existing fever is occasioned by those animals, since it is a well-known fact that worms may even exist in the healthy body, and probably do exist more or less in every child. The following are the more permanent symptoms of a worm disease: pains in the abdomen, almost always proceeding from the umbilical region, and being frequently a mere sensation of pressure or constriction, which is sometimes very violent, amounting to colic; if the affection arise from ascarides, the pain is generally local, accompanied with the following symptoms: troublesome itching of the anus, especially in the evening, dysuria, stranguria, tenesmus, apparent hæmorrhoidal sufferings, discharge of mucus by the rectum, bladder, vagina; uncommon periodic sadness, gloominess, and irritability of temper; when tænia is present, the patient frequently experiences a sensation as if something were crawling or

twisting itself from the left side of the abdomen towards the stomach and even the œsophagus; or a sensation as of the undulating movement of a cool ball in one or the other side, sensation as if something were sucking in the abdomen, vertigo, tingling and numb sensation in the fingers and toes, they are disposed to go to sleep; the pain is *always periodical*, not continuous, it occurs principally in the morning and when fasting, and is generally relieved by eating; the quality of the food influences the pain greatly: it is increased by milk, sugar, and other sweet things, by acrid and salt food, ham, cheese, and by the so-called anthelmintica. The abdomen is not painful when pressed upon, it is soft, sometimes distended, the taste in the mouth is unpleasant, the smell from the mouth is offensive, the appetite is irregular, now canine hunger, and then again aversion to food; the tongue is frequently coated white, and the mouth is filled with water. The bowels are at times confined, at times there are loose and slimy stools. If the worms be lodged in the duodenum and stomach, there is pressure and a gnawing pain in the pit of the stomach, eructation, vomiting, sometimes even vomiting of worms. Other symptoms are: itching, tingling, and bleeding of the nose, frequent sneezing; pale countenance, sunken eyes surrounded with blue margins, squinting, dilated pupils; restless sleep, during which the patient starts frequently; ruminating, grating of the teeth, talking in sleep; indolence; emaciation of the extremities; bloatedness of the countenance. The febrile erethism is characterized by a little chilliness, a small, irregular, and even intermittent pulse, clammy sweat, turbid urine, smelling like horse urine. The febrile phenomena, as a general rule, are vague and uncertain, sometimes they are very violent, the heat being very great and accompanied with sopor, shrieking and trembling. Less permanent symptoms are: jactitation of the muscles, spasms, vertigo, fainting turns, illusions of sight and hearing, oppression of the chest, palpitation of the heart, hickup, paralysis, stupor, sopor, cerebral diseases, hemorrhage, blennorrhœa, ischury,

strangury. Worm affections almost always increase and decrease with the moon; when the moon is on the decline, a quantity of worms is frequently passed.

§ 52. The formation of worms occurs most frequently in childhood. Sometimes the worms are hereditary (they have even been found in the fœtus); they occur rarely in infants at the breast, most frequently in the period of dentition, very rarely in the age of adolescence (except tænia, which is most frequent at that age), and rather more frequently in the declining age; they are more apt to be found in females, and in persons of a leuco-phlegmatic constitution, with disposition to excessive formation of mucus and blennorrhœa. Exciting causes are: bad food, vegetable diet in preference to meat, uncleanness, and a damp, tepid atmosphere, which may convert helminthiasis into an endemic or epidemic disease.

Helminthiasis may easily be confounded with hydrocephalus, especially when the so-called nervous symptoms, sopor, spasms, dilated pupils, vomiting, are present; but in helminthiasis the abdomen is soft and distended, whereas in hydrocephalus it is flat and drawn in; in hydrocephalus the head feels hot to the touch, and the symptoms occur in a certain succession, whereas in helminthiasis the symptoms are changeable, and occur at uncertain periods.

Worm diseases have a slow run, and are very much disposed to occur again, or the patient is apt to have a relapse. Other diseases, such as chronic inflammation of the mucous membrane of the intestines, resulting in perforation, mucous fevers, epilepsy, hectic fever (occasioned by the disordered process of nutrition), may arise from worm affections.

The prognosis is favourable; it is most favourable in diseases arising from ascarides, least favourable in tænia on account of the symptoms being more obstinate and the cure more uncertain. If the worms be lodged in the large intestine, the cure is always more easily accomplished than when the worms are lodged in the lesser intestines or the stomach.

§ 53. The surest way to cure worm diseases, is to

remove that morbid condition of the digestive organs which always precedes and favours the formation of worms. According to Hahnemann's view it is not required to remove the worms, inasmuch as they result from a general constitutional illness, and an unwholesome mode of life; if the constitutional disturbance, which has generally a psoric origin, be cured homœopathically (which can be done easily in childhood), few or none of the worms will remain, or, at any rate, the children will not be troubled by them, whereas the worms are reproduced in quantities after the bowels have been purged with cathartic medicines, even when mixed with Cina. However, not to mention the circumstance that the organism is in a more or less anormal condition as long as worms are present, even if there should be an appearance of health, it is certainly true that the entire removal of the worms, either living or dead, is most desirable, and is, in some respects, the chief object of the treatment, inasmuch as it is the most certain proof that the remedies have effected a cure. As long as no troublesome or dangerous symptoms make their appearance medical aid is seldom resorted to against worms, nor is it required. We know very well that lumbrici and ascarides may live on the contents of the bowels of children without irritating these organs in the least. Worms, *tænia* excepted, require medical treatment so much less, as they exist only for a limited number of years in the organism; after that period the worms disappear of themselves, owing to the changes which take place in those vital secretions upon which the existence of the worms depended. At any rate a palliative treatment will be sufficient in such cases to effect a cure. We ought to observe, that notwithstanding the considerable number of remedies which we possess in our practice for curing worm affections, in which we succeed in most cases, there exist no specific remedies, and, indeed, there cannot exist any for the immediate removal of the worms; if this be desired we have to resort to large doses of the so-called anthelmintica. This, however, is entirely unnecessary;

for we know for certain that the small homœopathic doses of a properly-selected remedy are entirely sufficient to destroy the worms, which are afterwards carried off by the rectum.

The following are the general remedies against worm diseases : Aconite, Bell., Cina, China, Dig., Ferrum, Asar., Calc. c., Graph., Ignat., Marum verum, Merc., Nux v., Filix mas, Sabad., Spigel., Stram., Stann., Silic., Valer., Verat., Sulphur, and others.

If the symptoms arise from the presence of ascarides in the colon and rectum (they are scarcely ever found in any other part), Acon., Ferr., Ignat., Merc., Nux v., and Valeriana are the best remedies. Against the intolerable itching and the feeling of excoriation and soreness, Ignatia, Tinct. sulph., and Marum verum are especially useful ; Mercurius is indicated for the violent diarrhœa and tenesmus ; Ferrum for the vomiting and the confluence of water in the mouth, Valeriana for the nightly itching and the muscular spasms and sleeplessness arising from it.

The morbid phenomena denoting the presence of lumbrici, generally correspond to Nux v., China, Cina, Bellad., Merc., Spigelia. Nux v. is especially useful against great distention and sensitiveness of the abdomen and the region of the stomach, heat in that region, hard stool, inclination to vomit, excessive general irritability and sensibility, aggravation of the symptoms early in the morning.

China is indicated when the symptoms are aggravated principally at night, when after every meal the patient experiences a painful pressure below the umbilicus, fulness of the abdomen, heartburn with confluence of water in the mouth, cardialgia and retching ; when the nervous system is excessively sensitive, with spasmodic jactitation of the muscles in various parts, tremor and debility (Valer. may prove useful when those symptoms occur).

Cina is a principal specific against worm affections of children, when arising from the presence of oxyurides vermiculares and ascarides lumbricoides, and when the group of symptoms is constituted as follows :

evening chilliness, small, rather hard, frequent pulse, little sleep, tossing about, shrieking and starting in sleep, ill humour, imbecility, transitory paroxysms of delirium, weight in the limbs, alternate paleness and coldness, and then again redness and heat of the face, dilatation of the pupils, continual rubbing of the tip of the nose, stoppage of the nose, lying on the back with open mouth, coating of tenacious mucus on the tongue, offensive eructations, vomiting, hot, distended abdomen, colic, difficulty of evacuating the bowels, and costiveness, itching of the anus, the ascarides crawl out at the anus, the urine, which is emitted involuntarily, is white, turbid, cloudy, (compare Ignatia and Grap.)

Belladonna is most suitable when the cerebral functions are disturbed, and when the following symptoms prevail: somnolency, spasms, illusions of the senses, great thirst, starting during sleep as if in affright, paralysis of the anus with involuntary discharge of fæces and urine, retention of urine.

Spigelia corresponds to those symptoms which are especially violent after dinner, when the patient complains of pinching pains in the abdomen, with coldness and diarrhœa, canine hunger and thirst, morning nausea with sensation as if something were crawling out of the stomach into the throat, biting in the nose, pale countenance, palpitation of the heart, anguish.

If convulsions should set in, Cham., Ignat., Stram., Hyosc., will prove useful next to Belladonna; if there should be a violent vascular erethism, Aconite may be given before any other remedy. If the cutting pains in the abdomen should be accompanied with partial spasms of the abdominal muscles, and painful ineffectual pressing upon the rectum, Stramonium is recommended; Cicuta virosa is indicated for a febrile condition, with violent colic and convulsions. If the symptoms which characterize the worm affection, be worms discharged or not, are of a gastric, bilious, or pituitous nature, the remedies which have been indicated for those fevers will have to be used.

In scrofulous individuals worm fevers have been

several times cured entirely by Silicea. That Silicea is a useful remedy in those fevers, is evident from the power which it possesses to occasion febrile and gastric conditions, and from the fact that the pathogenetic symptoms of Silicea are more marked at the time when the moon changes, which is likewise the case in worm fevers.

The most powerful remedy in eradicating the disposition for worm diseases is Calcarea; it is entirely adapted to children of a lymphatic, fleshy constitution, with disposition to blennorrhœa and excessive secretion of mucus,* to feeble individuals whose assimilative functions are impaired, with pale, cachectic complexion, bloated countenance, weak feet, chronic dyspepsia, diarrhœa, and when scrophulosis and rickets are present. Next to Calcarea ranks Sulphur, which is especially adapted to lymphatic and leuco-phlegmatic constitutions, when a disposition to catarrh and blennorrhœa is present, and when the following symptoms occur: bitter, slimy taste in the mouth, aversion to meat, irresistible desire for sugar, alternation of canine hunger and loss of appetite, frequent regurgitation of food with heartburn and waterbrash, hickup, gagging, vomiting, rumbling in the bowels, intolerable itching of the rectum, with raw and sore feeling of that organ, etc. Puls., Ipec., Merc., Antim., and other remedies, may likewise prove suitable for such symptoms.

Worm affections cannot be cured unless the diet and mode of life of the patient are strictly regulated; the diet ought to be nourishing and substantial, the principal food being meat; vegetable food, milk, flour, and, above all, pastry, ought to be carefully avoided.

§ 54. This seems to be a proper place to add a few words relative to the treatment of tænia. Hahnemann says, in his Organon, that the morbid phenomena denoting the presence of tænia can be speedily removed, or rather quieted, by the smallest portion of the tincture of Filix mas; the tænia being calmed, it no longer ir-

* The German term is "*Verschleimung*," which conveys the idea as if every thing were turned into phlegm.

ritates the bowels of the patient. Hahnemann advises a sort of palliative treatment, until the radical cure is completed by means of the antipsorics. Several homœopathic physicians agree with Hahnemann; among whom we may particularly mention the name of Hering, who advises to keep the tænia, which he does not consider as a very great plague, rather than to expel it by violent means, lest some other more dangerous affection should appear in the place of the tænia. However, not to mention the insufficiency of this palliative treatment, which every physician will be frequently obliged to resort to, it is absolutely necessary that we should consider the express wish of the patient to have the monster expelled. If we do not comply with his wishes, he will resort to nostra and the pernicious expedients of old women and quacks. We are so much more justified in attempting the expulsion of the tænia, as the antipsoric treatment is very slow and very problematical. Several homœopathic physicians have, therefore, been induced to attempt that expulsion, and have indeed been successful. Gross recommends particularly Graphites, Calcareæ, Sabadilla; also *Fragaria vesca*; Hering recommends Sulp., Merc., and Calc.; besides these remedies, the following deserve to be mentioned: Carbo anim. and veg., Kali carb., Magn. mur., Natr., Phosp., Petrol., Plat., Stann., Tereb. Stannum is recommended by a number of homœopathic physicians as a great remedy in worm affections; at any rate it is an excellent palliative for the symptoms of tænia and lumbrici. Among the remedies which have effected the expulsion of tænia in a short period and directly, the first is *Filix mas*. Bicking has been successful in almost every case. He directed the patient to drink a quantity of cold water, to use cold water injections, and to apply cold water douches to the abdomen. This being done, he gave the patient a saturated decoction of *Filix mas* (half an ounce per diem); he admits, however, that the tænia was frequently reproduced, but speedily expelled again by similar means, without ever reappearing. Lobethal affirms that the daily use of a

few drops of the concentrated tincture of *Filix mas* has been quite sufficient in his hands. In the *Hom. Gazette*, vol. ii., p. 67, a case of a frightful worm colic is reported, which was speedily cured by a single drop of the tincture of *Filix mas*; eight days after the colic, fifty yards of *tænia* were discharged without the dose having been repeated.

The same results have been obtained by means of *Punica granatum*. Lobethal recommends that remedy in very obstinate cases. J. O. Müller (*Hygea*, vol. x., pp. 137, 193,) mentions the following symptoms as having been removed by *Punica granatum*: convulsive movements, catalepsy and epilepsy, fainting turns, emaciation, notwithstanding a constant appetite, sudden waking, hallucinations, hypochondria, vertigo, stupor, trembling before the eyes, dilatation of the pupils, yellow complexion, grating of the teeth, confluence of water in the mouth, variable appetite, gulping up of a watery fluid, vomiting, sensation in the stomach as if a body were ascending in it, distended abdomen, colic, chronic palpitation of the heart, etc.

The expulsion of the *tænia* frequently succeeds in a very peculiar manner, and the cases of cure which will be recorded in the following paragraphs confirm Hahnemann's rule: "Remove the perceptible phenomena of disease, and health will be restored."

A lady suffered with irregularity of the menses; they occurred either too early or too late, were either too profuse or too feeble, the menstrual blood being always thick, coagulated, black. Several times she had been affected with the most violent symptoms of inflammation of the liver, after which a jaundiced complexion had remained. For some time past she had been complaining about intense pain in the region of the liver and umbilicus, recurring at intervals, accompanied with nausea, gagging, vomiting of tenacious mucus, yellowish grey complexion. After having employed the remedies which we thought were indicated, without any success, we exhibited the second trituration of *Argentum nitricum crystallisatum*, three times a-day, each dose consisting of as much of the tritura-

tion as would cover the point of a pen-knife. Eight days after having taken the medicine, she passed a quantity of fragments of *tænia*, all her troubles disappeared, and have not returned; it is now two years. We were guided in the selection of the remedy by the profuse menstruation, as Kopp advises.

Another lady had been affected with *tænia* for the last seven years. The fragments which she had occasionally passed during that period were evidences of the continual presence of the animal. The lady had given birth to two children, one of whom was still alive, but she had never been pregnant since, owing to the presence of the *tænia*. She had gone through various kinds of treatment for *tænia*, including the cold-water treatment, but without any success; she was now determined to try homœopathy. The peculiar pain which she experienced in the stomach, the constipation, the irregular menses, which were scanty, and at times appeared too late and then again too early, the jaundiced tinge around the mouth and nose, seemed to require *Nux*, third attenuation; this was given, and the condition of the patient soon improved to such an extent that the cure might be looked upon as terminated. Some time after she had a violent chagrin, which brought back all her former troubles, and required *Chamomilla*, first attenuation, which effected an essential improvement, but left the constipation as it was. This circumstance leading us to suppose that the alternate use of those two remedies would remove the trouble, we put the patient on *Chamomilla* and *Nux*, giving her two doses of the former in the morning and one dose of *Nux* in the evening. Four days after taking the medicine, the entire *tænia* was expelled; soon after she became pregnant, and expects soon to be delivered.

We may here observe that the real *tænia*, *bothriocephalus latus*, occurs very seldom in Germany, the *tænia lata solium* more frequently.

§ 55. *Febrile conditions resembling Cholera.*

Many will say that the various kinds of fever which

we have treated in the preceding paragraphs are very much like the febrile conditions which we shall speak of in this chapter, and that the treatment, at any rate, is very nearly the same. Although we are willing to admit that the febrile conditions which we have alluded to in the heading are not essentially different from one or the other of those fevers, yet we think that we ought to be as explicit as possible in this work, were it only for the sake of beginners in homeopathy, for whom this work is more particularly designed. It is for this reason that we will make particular mention of a kind of cholera fever which is very much related to a gastric or bilious fever, and frequently occurs as a sporadic disease in some parts of Germany. After that we will likewise give a minute account of the treatment of the Asiatic cholera, which having appeared once, is likely to appear again amongst us some time or other.

The sporadic cholera generally appears suddenly and without any precursory symptoms. If there exist precursory symptoms, they resemble those of a saburral, bilious, and pituitous gastroataxia, or the precursory symptoms of saburral, bilious, and pituitous fevers, such as: general *malaise*, heaviness and indolence of the body, yellowish complexion, yellow slimy coating of the tongue, the root of the tongue being more thickly coated than the tip; these symptoms are frequently accompanied with a slimy, bitter taste, and beside this, nauseating bitter eructations are sometimes present; there is likewise a pressure, a crampy drawing and fulness in the pit and region of the stomach, with anxiety; flatulency, nausea, distention of the abdomen, rumbling and colicky pains in the bowels, the urine causes a burning in the urethra, has a fetid smell, and deposits a reddish sediment.

If these symptoms be not speedily removed by suitable homœopathic remedies, or if the disease have no precursory symptoms, the symptoms of the disease itself set in. In the commencement the patient vomits suddenly and repeatedly, until the ingesta have been removed from the stomach, after this a watery, slimy,

and at last a bilious fluid is thrown off in a larger or smaller quantity; the substance which is thrown off is yellow, green, brown, sometimes blackish, frequently fetid, causing renewed paroxysms of nausea all the time. This vomiting is accompanied with frequent and violent diarrhœa, consisting at first of fæces, and afterwards of a watery and bilious fermenting liquid; the diarrhœa is generally accompanied with violent burning, cutting colic, especially in the umbilical region.

If the disease last longer, the following symptoms supervene: fulness in the pit of the stomach, hurried respiration with anguish, violent cardialgia, spasmodic and sometimes scarcely perceptible pulse. When the disease has reached its acme, the above-mentioned symptoms attain their highest development, the pulse and strength of the patient collapse speedily, and other spasmodic pains in the bladder and the extremities, cold sweats, fainting turns, and hippocratic countenance, are sometimes present.

§ 56. We have already stated that the sporadic cholera is most frequent in our country (Germany). In hot summers, however, it may likewise break out as an epidemic disease, without having the character of the Asiatic cholera.

Predisposing causes of sporadic cholera are, undoubtedly, intense heat continuing a long while; catching cold suddenly in hot weather; an irritable constitution and temperament, as is frequently seen in hypochondriac and hysteric females; childhood, especially during the period of dentition; violent emotions, such as fright, anger, vehemence; cold in the abdomen, or by the feet; cold food and drink, unripe, sour, watery fruit, such as peaches, melons, grapes; ice and pastry; acrid, sour, non-fermenting drinks; fat, rancid food; spawn of perch, pike, and of caviar; acrid medicines and poisons, like the resinous and acrid emetics and cathartics, jalap, colocynthis, mineral acids, zinc, and sulphate of copper, tartar emetic, mercurial salts, arsenic, etc.; suppression of cutaneous eruptions, gout and menstruation.

§ 57. These kinds of cholera are of the milder kind.

The precursory symptoms, if there be any, can be easily removed by the well-selected homœopathic agent. If the characteristic symptoms of the disease have made their appearance, the physician has to select his remedy with great care, lest it should not correspond to the symptoms. The cases of sporadic cholera which arise from overloading the stomach, from eating sour food, or taking sour drinks, from general or partial catarrhs, cannot terminate unfavourably unless the treatment is entirely mismanaged. In making such an assertion, the age and constitution of the patient are of course taken into consideration; it is self-evident that children, whose nervous system is extremely irritable, and who, on that account, are more predisposed to spasms, are more easily carried away by an attack of sporadic cholera than full-grown, robust persons. It is for similar reasons that cholera is particularly dangerous for old people and females.

§ 58. The treatment of a disease ought always to correspond to the exciting cause. As in most cases of sporadic cholera it is impossible to assign a specific cause for the disease, we will commence with the treatment of this class of cholera cases and afterwards speak more in detail of those few cases where the exciting cause is well known.

The precursory symptoms which we have mentioned above, yield in most cases to a dose of *Chamomilla* more speedily than to *Ipecacuanha*, even in cases where one or two diarrhœic stools, with colic in the umbilical region have already taken place. *Chamomilla* would be inferior to *Ipec.*, if vomiting and a constant desire to vomit, with diarrhœa, had already set in; in this case *Ipec.* may be repeated in from one to three hours, if the first dose should not have been sufficient to remove the disease.

If either of those remedies should fail, and the characteristic symptoms of the cholera should make their appearance, or if the physician should have been called when the disease had already broken out, it is advisable to administer at once *Veratrum album*, which is the specific remedy.

If the characteristic symptoms of cholera should be accompanied in the very beginning with an excessive prostration of strength altogether disproportionate to the vomiting and diarrhœa, with great anguish, violent, unquenchable thirst, diarrhœic and sometimes sanguineous discharges from the bowels, occurring almost every moment, vomiting, excessive colic, and the like, Arsenic will be found the best remedy if administered in suitable doses. Arsenic is likewise the best remedy if Veratrum had no effect and the disease threatens to pass into the third stage; even when the hippocratic countenance has already set in, and the pulse is scarcely perceptible, Arsenic may still save the patient's life.

§ 59. Cholera symptoms which have been occasioned by chagrin are most speedily relieved by Chamomilla, provided the physician is called in time. In many cases, especially when the alvine evacuations consist principally of mucus, Pulsatilla is indicated, unless Colocynth should correspond more accurately to the symptoms, which might be the case, since, as has been stated above, Colocynth is even a better specific against the consequences of chagrin than Chamomilla.

The cholera symptoms to which hypochondriac and hysteric persons are liable do not require any different treatment from the one which is required by cholera arising from cold or errors in diet.

If the symptoms should have been occasioned by poison, such as arsenic, and the patient should not yet have vomited, the vomiting must be excited by artificial means, in order to remove the deleterious substance from the stomach as soon as possible, and to prevent its passing into the circulation. The most expeditious means of bringing on vomiting, is to swallow a quantity of soap-suds and to tickle the fauces with a feather; injections of soap-water ought to be administered at the same time. If the vomiting should already have been very copious, it may be quieted by drinking a quantity of rich milk, or, if no milk should be had, oil or mucilaginous drinks, or by taking a little potash which has been shaken with oil or with a solution of

hepar sulp. calc. The best antidote to Arsenic is the sesquioxys of iron, which has been recommended of late. The nervous symptoms which remain after the poison has been neutralized, cannot be expected to yield to a single homœopathic remedy; the first remedies to be used for such secondary affections, are the antidotes to Arsenic: Ipec., Verat., Chin., Ferr., and Nux vomica, the remedy to be chosen in every case in accordance with the symptoms.

If the cholera symptoms depend upon mercurial salts, the milk ought to be mixed with some potash or powdered chalk, or the patient ought to swallow the white of an egg, which is likewise a most excellent remedy for poisoning by copper; after this a solution of Hepar sulph. calc. ought to be administered, and if any secondary affection remain, the antidotes to Mercury ought to be used against it.

The cholera symptoms which had been occasioned by vegetable poisons, are most certainly and thoroughly removed by small doses of a saturated solution of Camphor; of course, if any poison remain in the stomach, this is to be removed above all things.

§ 60. *Asiatic cholera.*

The Asiatic cholera has been treated and carefully observed by a number of homœopathic physicians. The results which they have obtained, are by far superior to those of the best allopathic treatment. From the observations of those physicians we have been enabled to deduce definite rules for the treatment of cholera, and to indicate the remedies which have proved specifics in that epidemic.

The following is a list of the homœopathic publications which we now possess on the subject of cholera:

1. Hahnemann, Hofrath Dr. S., Aufruf an denkende Menschenfreunde über die Ansteckungsart der Cholera. Leipsic, 1831. (Address to the thinking friends of mankind relative to the mode in which the cholera spreads.)

2. Heilung der Cholera. Cöthen, 1831. (Treatment of cholera.)

3. Heilung der Cholera, nebst einem Zusatze, das dietetische Verhalten bei dem Gebrauche der Streukügelchen betreffend. Nuremberg, 1832. (Treatment of cholera, with additions concerning the diet which ought to be observed while using the pellets.)

4. Heilung und Ausrottung der Cholera, mit den Regeln der homœopathischen Diet. Leipsic, 1831. (Treatment and extirpation of the cholera, with the rules of homœopathic diet.)

5. Sendschreiben über die Heilung der Cholera und Sicherung vor Ansteckung am Krankenbette, herausgegeben vom Medicinalrath Dr. Stieler. Berlin, 1831. (Address relative to the treatment of cholera, and the best means of guarding against the cholera-contagium at the bedside of patients.)

6. Schubert, Dr. J. A., Heilung und Verhütung der Cholera. Leipsic, 1830. (Treatment of cholera, and the means to prevent it.)

7. Auszüge brieflicher Mittheilungen aus Wien, die asiatische Cholera, deren Eigenthümlichkeiten und ihre homœopathische Behandlung betreffend. Leipsic, 1832. (Extracts from letters from Vienna, concerning the character of the Asiatic cholera, and its homœopathic treatment.)

8. Bakody, Dr. Joseph von, Homœopathische Heilung der Cholera zu Raab in Ungarn, im Jahre 1831. (Homœopathic treatment of the cholera at Raab, in Hungary.)

9. Homœopathische Behandlung der asiatischen Cholera, nach Dr. Hofrath S. Hahnemann. Von Dr. Karl Kæmmerer zu Schwäbisch Gmünd. Stuttgart, 1832. (Homœopathic treatment of the Asiatic cholera.)

10. Was haben wir von der Cholera zu fürchten? Von Dr. K. Preu. Nuremberg, 1831. (What have we to fear from the cholera?)

11. Du traitement homœopathique du choléra, avec notes et appendice. Par F. F. Quin, M.D., Médecin ordinaire de sa Majesté Léopold roi des Belges, etc. Paris, chez B. Baillièrre, libraire de l'académie royale de médecine. 1832. (Homœopathic treatment of cholera, with notes.)

12. Vier Vorlesungen über die Cholera in Europa, von Dr. J. Reubel. Munich, 1831. (Four lectures on the cholera.)

13. Bestätigte Heilung der Cholera durch homœopathische Arzneien, von Dr. Röhl. Eisleben, 1832. (The cure of cholera achieved by homœopathic remedies.)

14. Die homœopathische Heilkunst in ihrer Anwendung gegen die asiatische Brechruhr, dargestellt von Dr. J. J. Roth, practischem Arzte und Privatdocenten an der Universität zu München. Leipsic, 1833. (The homœopathic treatment of cholera.)

15. Die Heilung und Prophylaxis der Cholera, v. J. Eman. Veith. Hamm, 1832. (Curative and prophylactic treatment of cholera.)

Beside the above-mentioned publications, there are several interesting articles on the subject of Cholera in the Homœop. Gazette, Vol. I., Nos. 2, 4, 5, among which Dr. Rummel's treatise, "On the second appearance of the Cholera in Merseburg," deserves particular mention. Hartlaub and Trinks have collected, with great care, the various letters which have been published on the subject of cholera, and have appended them to the third volume of their Annals. The third volume of Schweichert's Hom. Gazette likewise contains a number of interesting data relative to the treatment of cholera. *

§ 61. From the statements and observations relative to the different degrees of cholera we infer, that every age and sex is liable to the invasion of that epidemic; little children and old people are least subject to its attacks; individuals from the 25th to the 60th year of age are most easily affected. The inferior degrees of cholera seem to require a more or less marked predisposition to the disease, depending upon a torpid state of the abdominal organs, upon the constitution of the patient, upon temperament, mode of life, food, climate, locality; this is the reason why the cholera is more frequently met among the poorer classes. The higher degrees of cholera and the malignant form of that epidemic make their appearance among all classes,

external circumstances having no influence on the character, course, and symptoms of the disease.

It is true there are extreme degrees of violence and mildness in cholera, the former being malignant and speedily fatal, the latter being controlled more easily; but between those extreme degrees there are numerous shades and gradations in the first appearance, development, violence and concatenation of the symptoms, most of which are founded in the individuality of the patient, and have to be observed with great care, as they determine the remedy which is to be used in the case. Those degrees of violence occur much more frequently in the inferior grades of the disease than in the higher; these are more uniform in their principal symptoms, and the most striking differences occur in the nervous and muscular system. Either degree of the disease, mild or intensely malignant, has no well marked limits. The milder degree may easily pass into the more malignant, but not the reverse.

From time immemorial we understand by cholera a disease which is characterized by the following symptoms: the patient discharges by the mouth and rectum, either continuously or at short intervals, with great violence and in profuse quantities, a watery or else a watery, slimy fluid, which is neither feculent nor, as a general rule, bilious or sanguineous; accompanied with cramp pains in the abdomen and præcordia, with or without colic, properly so called, retention of urine, sudden vanishing of strength, which increases to the most excessive prostration, painful spasms in the limbs and trunk if the disease continue for a certain length of time, and rapid loss of animal heat. Cholera is distinguished from other diseases by the fact that its attacks come on suddenly, without any precursory symptoms, and with great violence; that it is either entirely without any fever, or that the fever is scarcely perceptible, and out of all proportion to the intensity of the symptoms.

Cholera has no well marked periods or stages; but even if they could be defined, this would have no sort of practical value in the more intense degrees of the

disease. Nevertheless, authors have thought proper to lay down certain stages, and we will follow their example.

First stage; stage of the invasion, precursory stage. In the more violent degrees of cholera this stage is scarcely, if ever, perceived; it sometimes lasts only a few minutes. In the milder forms of cholera, the invasion is characterized more or less by the following symptoms: About twenty minutes, and in very rare cases some days, previous to the outbreak of the disease, the patient complains of a general *malaise*, without considering himself sick; he feels debilitated, and exertions fatigue him extremely; there is an alteration in the expression of countenance, the patient looks anxious, sad, apprehensive, and a complete disfiguration of the countenance (the *facies cholericæ*) soon follows. The patient is out of humour, restless, he moans, has an aversion to anything, especially to food and drink, complains of a disagreeable sensation of pressure, tension, creeping or rumbling in the stomach and bowels, without experiencing any real pain, sometimes accompanied with frequent eructations and slight nausea. The pulse is not much changed, but upon the appearance of the second stage it becomes more rapid, and withal smaller and weaker. The skin feels dry and cool, portions of the skin being covered with a slight, clammy sweat. The abdomen is generally tense, bloated, as if too full, but scarcely ever painful to pressure. In some cases the region of the stomach is somewhat sensitive, and there is some disposition to go to stool. Sometimes the patient complains of pressure in the chest, laboured breathing, a beating sensation in the chest, alternate chilliness and heat. The urine is more scanty than usual, and is either pale and clear as in spasms, or else turbid and cloudy. The head is generally without pain, but somewhat dull, heavy, and at times even giddy. Sleep is restless, frequently interrupted by starting and jactitation of the limbs. Those symptoms have degrees of intensity. The first stage may last from twenty minutes to twelve, fifteen, or even eighteen hours.

Second stage ; stage of development. The symptoms which characterize the second stage vary, like those of the first, both as regards intensity and duration. In some cases the principal symptoms set in at once, increasing steadily until death has taken place; the first and third stage apparently do not set in. In other cases the symptoms increase more progressively and slowly, sometimes they seem even to remain stationary, and the patient improves, or, at any rate, seems to improve. This improvement, whether real or apparent, soon gives way to a new and so much more violently increasing aggravation, which may be considered the third stage. Some practitioners have observed, that the degrees of violence occurring in the second stage depend principally upon the nature of the locality where the epidemic prevails. This observation may be of importance in the treatment.

The second stage is generally characterized by the following symptoms: sudden vomiting, sometimes preceded by short nausea, but very seldom by real vomituration; the food, which happens to be in the stomach, solid or liquid, is thrown up with a sudden jerk; after the first vomiting the patient sometimes feels a certain relief. Either simultaneously or a few minutes after the vomiting, diarrhœa sets in; this is papescent and partially liquid, the first three or four diarrhœic stools being intermixed with fæces and half feculent, undigested food, slime and a watery fluid, accompanied with rumbling in the bowels, sometimes with pinching and real colic, which is very seldom violent, and sometimes entirely wanting. The vomiting very soon returns, the diarrhœa likewise, the substances which are evacuated both by the mouth and rectum becoming more and more fluid, and quite watery. In many cases both kinds of evacuations are so frequent that the patient is scarcely able to rise from the chair; sometimes the debility is so excessive that the patient is unable to leave his bed, and has to be assisted in bed every fifteen minutes or more frequently, the average number of stools in twenty-four hours being from thirty to forty, together with as many vomitings. It

is considered a symptom of the worst kind, and of approaching dissolution, if the diarrhœic stools diminish in number while the strength of the patient and the pulse decrease proportionately. Generally speaking the number of the evacuations by the bowels or mouth varies; sometimes the evacuations are more numerous than in sporadic cholera, sometimes, and this is the more frequent, they are less in number; there have been cases of Asiatic cholera where only a few extremely copious and watery evacuations took place in the very commencement of the attack, occasioning excessive prostration.

After the second, third or fourth evacuation all succeeding evacuations are watery, or of the consistence and nature of an albuminous serum, or a serous mucus, or like rice-water; generally they are clear or somewhat whitish, inodorous and tasteless, with albuminous, cheesy, blackish flocks, floating in the midst of the liquid. As a general rule the abdomen caves in after the first diarrhœa; the whole body, in fact, sinks and becomes emaciated after the evacuations have continued one or two hours. This alteration is especially visible in the countenance. It is remarkable that there should not be any bile either in the evacuations upward or downward; even after death no trace of bile can be discovered in the intestinal canal. The want of bile is a characteristic phenomenon in the Asiatic cholera; not till the disease is on the decrease and an improvement sets in, do we perceive a tinge of bile in the alvine evacuations. These evacuations; which become painless as they continue, and finally take place without any sensation, are accompanied with a sense of exhaustion increasing to utter prostration. Restless and anxious, the patient is all the time endeavouring to change his position, even if he should faint in the effort. Shortly after, slight twitchings of the muscles, or only a drawing and tension in the muscles of the upper and lower limbs, sometimes make their appearance; sometimes these twitchings amount to violent and continuous spasms in the limbs, which are extremely painful, and are characteristic phenome-

na in cholera. These spasms first commence in the toes, fingers and hands ; afterwards in the calves, etc. Sometimes the spasms are tonic or tetanic, in which case they are the most painful, and make the limbs immoveable, and stiff and hard as wood ; generally the spasms assume the form of chronic convulsions. The spasms affect most frequently the calves, forearms and hands.

These spasms are accompanied by an increasing but not suffocative oppression of the chest, and tightness of breathing, increasing anxiety, vertigo, and principally a sudden collapse and excessive smallness of the pulse which frequently disappears entirely a long time before death, or is, at any rate, scarcely perceptible. The same statement applies to the beating of the heart. The sudden collapse of pulse is one of the most remarkable, and, at the same time, one of the most essential symptoms of this epidemic. This collapse of pulse appears to be dependent upon an arrest of the circulation rather than upon spasm.

Simultaneously with these symptoms, or before, the patient experiences a disagreeable, painful burning in the epigastric region, or in the region of the stomach down to the umbilicus. According to Annesley, this burning, which is sometimes experienced behind the sternum, and is one of the most constant, most distressing, and most alarming, symptoms, is so characteristic of cholera—that, whenever it exists in connexion with the anxious look, with sighing and anxious breathing, one may safely infer from it the existence of cholera. The burning remains frequently a long while after the vomiting has ceased, accompanied with a burning and tormenting thirst, the patient expressing a particular desire for cold water, which he swallows with great avidity, and throws up again immediately.

Simultaneously with the spasms, and sometimes a little before, the whole surface of the body becomes cold ; first the lower limbs and then gradually the whole body. This coldness increases to a coldness as of a dead body (*frigus marmoreum*). It resists the most persevering means of warming, and spreads

over the face and lips, which become pale, blue and cold, and over the cheeks and eyelids; even the buccal cavity, the breath and tongue, become cold. The tongue is either little or not at all coated; more frequently it is dry, reddish or whitish, with brown edges; it becomes shrivelled when getting cold (this shrivelled appearance of the tongue is considered a particularly fatal symptom), without being insensible, and becomes entirely bloodless. The skin is covered with a cold, clammy sweat, which is frequently very profuse. The whole body becomes flaccid and sunken, and assumes a shrivelled appearance, especially on the hands, fingers and toes, as if these parts had been soaked in warm water, with a livid, bluish hue.

The face is excessively disfigured, sunken, pale or livid, cadaverous, with cold, bluish tip of the nose; cold sweat, the eyes having retreated deep into the orbits, half-closed, dim, having very often a reddish, and sometimes a blue, tinge, they are turned upward, and are surrounded with grey-brown margins. This expression of countenance is termed *facies cholERICA*; it reflects anxiety and sadness; the patient has a staring and vacant look, and appears to be completely absorbed in reverie. The *facies cholERICA* is one of the most striking characteristics of the higher degree of the disease, and is indeed a frightful and ghost-like appearance.

The peculiar alteration of the voice is likewise remarkable. The voice of a cholera patient is feeble, fine, somewhat hoarse, hollow, or without resonance; the patient, being extremely averse to talking, uses his voice only to complain of the burning in the pit of the stomach, and to ask for water.

The urine either ceases to flow from the very commencement, or the patient passes only occasionally a few drops of a turbid or brownish urine. This is not retention of urine, but the secretion of urine ceases entirely. This cessation of the functions of the bladder is a striking and constant symptom of the cholera. Not until the violence of the disease decreases, and the circulation becomes freer, is the urine secreted

again, which may always be considered a favourable symptom.

The secretion of mucus is not changed, only less copious ; the saliva is more viscid ; the nasal mucus is generally wanting.

This stage lasts from two to three, up to eight, twelve, or twenty-four hours, sometimes two or three days.

The third stage cannot well be separated from the former, for this stage either passes into the highest degree of the disease, the *stadium lethale*, or into the stage of convalescence. The fatal stage is simply an aggravation of the symptoms which we have described as belonging to the second stage ; sometimes vomiting, diarrhœa, spasms, abate shortly before death, the patient falls into a kind of sopor, the heart ceases to beat, the eyes become glassy, etc.

If an improvement set in, the pulse becomes fuller and more equal, the animal heat returns, and the spasms cease ; the expression of countenance becomes more natural, cheerful, anxiety is no longer depicted in it ; the look is firmer and more animated ; there is a warm exhalation from the skin ; the watery diarrhœa diminishes, the vomiting ceases, the alvine evacuations again assume a bilious, sometimes greenish tinge ; the urine is secreted again.

§ 62. The prognosis is quite different from that of sporadic cholera ; the course of the Asiatic cholera being extremely rapid. Generally the attack terminates in asphyxia after two or three hours ; very seldom the disease lasts two or three days. If its course should be slow, and if the disease should pass into a typhoid fever, this may likewise be fatal. It is true the homœopathic treatment of Asiatic cholera is much more favourable than that of allopathic physicians ; nevertheless, the physician has to be constantly watchful lest he should overlook the dangerous moment. A chronic weakness of the nerves, and particularly of the digestive organs, frequently remains. According to Hahnemann, and several other physicians, the best remedy to prevent the complete development of the disease is Camphor. For this purpose one part of

Camphor is dissolved in twenty parts of alcohol, and the patient should take one or two drops of the solution every two or five minutes upon a piece of sugar, or in a spoonful of water, according as the disease is more or less violent. As the symptoms abate, the Camphor is given at longer intervals, of course. According to some, Camphor simply palliates the symptoms, especially in those cases where the evacuations have existed for some time previous to the attack. The external application of Camphor by fumigation, friction, and injection, is not only inexpedient, but positively injurious, inasmuch as Camphor would antidote almost all the vegetable medicines which the physician might have to use in case Camphor should not be sufficient.

The highest potencies of *Veratrum* and *Cuprum*, one or two pellets alternately every four days, have been recommended as preventives against the Cholera. A number of homœopathic physicians recommend *Veratrum* exclusively as a preventive. While either of those remedies is used, wine, coffee, strong tea and any kind of spice are to be avoided.

Besides Camphor the following remedies have been found curative in this epidemic: *Veratrum*, *Cuprum*, *Arsenic*, *Nux v.*, *Aconite*, *Ipec.*, *Chamom.*, *Secale cornut.*, *Tartar. stib.*, *Acid. phosph.*, *Phosphor.*, *Cicuta vir.*, *Laurocerasus*, *Merc. sol.*, *Carbo veg.*, etc.

According to all accounts, *Veratrum* is the principal specific for Cholera, even where no evacuations have previously existed. It has to be repeated every 15 minutes, or every half hour or hour, according as the disease is more or less violent. Even when the improvement has commenced, it is still necessary to repeat the remedy, except at longer intervals. If the patient should have a second attack, the same course of treatment is to be pursued as during the first attack; sometimes however another medicine is required, as the second attack scarcely ever is like the first.

Arsenicum is indicated when the attack sets in from the commencement with the most violent symptoms,

and the patient complains of a most violent burning in the epigastrium, in the bowels and throat, accompanied with a painful oppression of the chest, burning thirst, excessive debility, a constant tossing to and fro; great anguish, irresistible dread of death, hoarse cries about violent pains in the pit of the stomach and abdomen. Arsenicum as well as Veratrum ought to be given at somewhat longer intervals than Camphor.

Ipecacuanha is an excellent remedy when the vomiting is more considerable than the diarrhœa. Ipec. will never be found suitable when the disease has reached the acme of its paroxysm, but it will arrest the vomiting which may yet continue after the violence of the disease shall have been broken. Ipec. has to be repeated at least as frequently as Veratrum; this remedy is frequently indicated after Ipec. Nux may be found suitable, if Ipec. should have arrested the vomiting and the following group of symptoms should have remained: symptoms of spasm in the stomach, a kind of weight in the stomach with anguish emanating from the pit; pains in the bowels with frequent small evacuations, and a continual desire to evacuate the bowels, accompanied with headache, especially a pressure in the sinciput, slight febrile shiverings, coldness more internal than external. The Russian physicians have found Ipec. particularly useful.

Cuprum has to be repeated the same as every other remedy. It is particularly applicable when the muscles are affected with violent spasms, when there is restlessness, coldness of the prominent parts, such as the face, distortion of the eyes, sometimes accompanied with abdominal spasms; there is no vomiting. When those symptoms occur, it is sometimes expedient to exhibit Cuprum alternately with Veratrum. When tetanus or trismus is present, Camphor is said to be superior to Cuprum.

Tartarus emeticus may likewise be recommended as a remedy for Asiatic cholera. Among its physiological effects we notice the following cholera symptoms: spasmodic movements, spasmodic jactitation of the

muscles, trembling of the limbs, debility as if one would fall over, fainting sort of weakness, trembling pulse or collapse of pulse, the peculiar paleness of countenance occurring in cholera, croaking voice, cramps in the calves, and above all other symptoms, the gastric derangement which characterizes an attack of cholera. It deserves consideration in cases where feculent substances are still discharged from the bowels, in cholera biliosa, or at the first onset of Asiatic cholera, or else towards the termination of the attack, when the vitality of the abdominal organs is still depressed.

Cicuta virosa is said to be an excellent remedy when the following symptoms occur: violent spasms in the muscles of the chest, continual vomiting, little diarrhœa, the eyes are turned upward, and a soporous condition prevails. Rummel employed this remedy in a case characterized by similar symptoms, after he had previously given two doses of Hydrocyanic acid. *Cicuta* corresponds more particularly to neglected cases, and is therefore more suitable to the secondary affections of cholera than to the cholera itself. When the symptoms which have been mentioned in this paragraph occur, *Stramonium* may likewise prove valuable.

Carbo vegetabilis, according to Rummel in the 12th, and according to others in the 30th potence, is said to be an excellent remedy after the peculiar cholera symptoms have been subdued, when the spasms and the vomiting have entirely ceased, congestions of the chest or head set in, the oppression of the chest is a prominent symptom, a slight sopor is present, the flushed cheeks are covered with clammy sweat, or the patient lies in a state of complete asphyxia. One or two doses of Hydrocyanic acid sometimes require to be given prior to the *Carbo*. An hour after the Acid the *Carbo* may be given, the good effect of which is recognized by the return of the pulse, and sometimes of the true cholera symptoms; these then yield to *Veratrum* or *Cuprum*. We may infer from these indications that the *Carbo* is less suitable to real cholera than to neglected or protracted cases of that epidemic, or

when the cholera threatens to pass into secondary typhoid affections.

Laurocerasus is given by some physicians when the following symptoms are prevalent: small and slow pulse, vertigo, stupefaction, convulsive spasms of the muscles of the face, etc. According to our own judgment this is not a good remedy in cholera; it is our opinion that a good deal of valuable time is lost by resorting to that remedy in cholera. The symptoms previously mentioned do not indicate Laurocerasus, but rather Veratrum or Cuprum.

According to Rummel's experience, a distinguished remedy in cholera is *Secale cornutum*, lower potencies, from one to three doses, when the following group of symptoms exists: the vomiting has either ceased entirely, or for the most part; the colour of the stools remains unchanged, and there is every indication that no bile is poured into the intestinal canal. Soon after the use of *Secale cornutum*, yellow and green stools make their appearance; as soon as this takes place, the patient may be considered out of danger. The pains in the extremities likewise abate during the exhibition of *Secale*.

This remedy seems to be an excellent remedy in the so-called cholérine, for which Camphor, Merc. sol., Phosphorus, and Acidum phosphor. are likewise recommended. The last of those remedies is said to be indicated when the tongue is thickly covered with mucus. The Russian physicians have made frequent and successful use of Merc. sol. in the treatment of cholera.

Every homœopathic physician will easily distinguish the symptoms for which Aconite is indicated; they do not require any further notice.

If cholera patients have been treated allopathically before the homœopathic treatment commences, it is indispensable to give them, in the first place, repeated doses of Camphor, partly to excite the reactive power of the organism, and partly to neutralize the large doses of allopathic drugs.

§ 63. The following remedies have been used for the secondary affections of cholera : Aconite, Belladonna, Bryonia, Rhus, Nux v., Tinct. sulph., Cantharides, Acid. phosp., Phosph., China, Hyosciam., Stramonium, Carbo, Opium, etc. The secondary affections of cholera generally take the form of malignant typhoid fevers, of which we shall treat hercafter.

If there be a predominance of congestive or inflammatory symptoms, one or two doses of Aconite ought to be given first. If there be a good deal of cerebral congestion, if it be characterized by sopor, with the eyes half open and turned upward, by inability to wake, and to recollect things, to such an extent that the patients sometimes forget to draw in the tongue which they protruded a moment ago; by grating of the teeth, distortion of the mouth, excessive restlessness, painful stitches in the side or abdomen; very quick, and more or less full, but not hard pulse; burning heat and redness, with great desire for cold drinks, Belladonna is particularly serviceable. Next to Belladonna Cantharides is the best remedy, especially if the following symptoms prevail; rumbling in the abdomen, sometimes bloody stools preceded by tenesmus, heat in the bowels, and sensation of violent burning in the hypogastrium, great restlessness; the bladder is frequently affected.

In congestion of the chest and lungs, Aconite, Bryon., Bellad., Phosph., Sulph., Carbo anim., and Rhus, are the principal remedies; these, together with Mercurius and Nux, are likewise the principal remedies when the stomach and bowels are chiefly affected.

For typhoid fevers consequent upon cholera, the following remedies have been employed with success, if exhibited in accordance with the symptoms: Acid phosp., Rhus., Bryo., Bellad., Hyosciam., Stram., Carbo anim., Opium. General debility remaining after the cholera has been generally relieved by China. Weakness of the intestinal canal, which is characterized by continual liquid stools, is most certainly removed by the tincture of Sulphur, and Phosphorus.

During the period of convalescence in gastric fevers,

which is always characterized by a want of appetite, the following remedies deserve careful consideration: Rhus, Cyclamen, Veratrum, Arsenic, Acid. nitricum; if an immoderate appetite, a kind of bulimy, be present, Rhus, Calc. carb., Lycop., Natrum mur. are indicated.

The best beverage during an attack of Asiatic cholera is ice-water; this is the only beverage which will stay with the patient. Warm drinks do not agree with cholera patients. Injections of ice-water are likewise useful; in some cases injections of starch are said to have done good.

If the cholera should invade a district, the mode of life should not be changed suddenly; on the contrary, it is advisable that every body should continue his ordinary mode of life, and should simply avoid irregularities. Acids, stimulating drinks, indigestions, colds, debilitating exertions, and depressing emotions, are prejudicial, and should be carefully avoided.

§ 64. *Dysenteric fevers; dysentery.*

Authors have made a mistake in classing those fevers among chronic diseases. The dysenteric fever ought to be considered an acute disease for this reason, that it may be either endemic or epidemic, and, whenever it appears, has either one or the other of those two forms; that it generally depends upon cosmic and telluric, or atmospheric influences of some kind, and that its outbreak is favoured by errors in diet. Moreover, the disease is characterized by a sort of catarrhal irritation in the mucous membranes of the intestines, and especially the large gut, which, like the irritation in the bronchi, may assume an inflammatory character and occasion a sort of erethic fever which accompanies every inflammatory irritation of the mucous membranes. A dysenteric fever might also be characteristically designated as a febrile catarrh or rheumatism of the large intestines.

Diagnosis: constant urging, tenesmus, with violent cutting colic, without any evacuation of fæces, properly so called; the patient merely discharges mucus and blood, and complains of fever. These are constant

symptoms. This shows that the disease is not characterized by diarrhœa, but by constipation, and that dysentery and diarrhœa are, so to say, opposite diseases. In diarrhœa we have discharge of decayed contents of the bowels; in dysentery those contents are retained. Diarrhœa frequently gets well of itself; dysentery very seldom. If feculent substances are again discharged from the bowels, and the pains and fever abate, then the dysenteric patient may be said to be recovering (Hufeland). If the disease should set in with great violence, which is sometimes the case in young, vigorous, or sensitive individuals—in which case it may assume the form of a synochal fever—the precursory stage is either entirely wanting or is very short. The precursory stage is mostly met in torpid, phlegmatic individuals, or when the disease is sporadic; in such cases the fever has the erethic form.

If there be no precursory stage, the course of the disease is short; if a precursory stage exist, the disease has a long run, and frequently passes into a chronic dysentery. The precursory symptoms are: want of appetite, pressure in the region of the stomach and dull colic, loathing, nausea, inclination to vomit, dirty coating of the tongue, bad taste, flatulency, diarrhœa; general laxness and debility; *malaise*, restless sleep; drawing in the limbs, increased sensitiveness to cold air, shiverings, slight chills, accelerated pulse.

The first commencement of the disease is a cessation of the bilious stools, and setting in of an unsuccessful urging, resulting simply in the discharge of some mucus (*dysenteria alba*). Little by little the most violent cutting and colic are experienced in the umbilical region, with sensation of burning, thence extending over the whole abdomen, and immediately preceding every succeeding evacuation. As the irritation increases, the slimy evacuations appear mixed with blood. The most intensely painful symptom now is the tenesmus, a sensation as if the bowels would protrude, occasioning a constant renewal of the stools, which often become excessive in twenty-four hours, and spread a

peculiar smell. The fever is proportionate to the degree and violence of the disease, and generally does not make its appearance until the permanent symptoms of dysentery have all set in. That fever is a continua remittens, having in most cases a rheumatic, catarrhal, or bilious character; it commences with a succession of moderate chills, followed by moderate heat. The exacerbation generally takes place in the evening, and is accompanied with a perceptible aggravation of the local symptoms.

§ 65. The disease is occasioned by various remote causes, the principal being the suppression of some kind of cutaneous action, with increase of acrid bile. This is the reason why dysentery prevails almost exclusively towards the end of summer, in the months of August and September, when the days are very hot and the nights very cool. At that season of the year dysentery is almost always epidemic. The disease is endemic in low, damp, marshy regions, where intermittent fevers are likewise prevalent; in such districts dysentery occurs almost every year. In epidemic dysentery the putrid emanations from the stools frequently develop a contagium by means of which the disease spreads rapidly and over a large extent of country.

Other exciting causes are: unripe, acrid, watery fruit; vegetables covered with mildew; corrosive poisons, worms, hæmorrhoidal congestions, metastasis, difficult dentition. The prevailing type or character of disease becomes easily ingrafted upon the dysentery, and may convert it into a catarrhal, rheumatic, gastric, bilious, or typhoid dysentery, although every one of those varieties may likewise be occasioned by the individuality and constitution of the patient. Children and females are principally affected by that disease.

Chronic affections are sometimes roused by an attack of dysentery, and may in their turn complicate the disease, and make the prognosis more or less doubtful; although the termination of the disease does not depend exclusively upon the complication, but also upon

the greater or lesser intensity of the dysentery itself. As the disease increases, inflammation supervenes, an excessive quantity of putrid bilious substances is expelled from the system, and the patient is extremely debilitated. All these symptoms may occasion death if the patient be not carefully treated, and the most unfavourable prognosis has to be given if a sudden cessation of the intense pain, sunken countenance, coldness of the extremities, a small intermittent pulse, fetid evacuations, which the patient passes without consciousness, indicate the setting in of mortification.

The post-mortem examination shows that the disease is seated in the mucous membrane of the large intestines. This membrane is swollen, red and injected, softened (the softened parts being red and bleeding); a serous exudation is perceived in the shape of a fine miliary vesicular eruption, which results in the scaling off of the epithelium of the inner walls of the large intestine. These appearances characterize the lower degrees of dysentery; in the higher degrees larger surfaces are affected, and the mucous membrane is covered with a dingy grey, glutinous exudation, accompanied with prominences which are formed by a copious serous infiltration of the submucous cellular tissue. This degenerative process increases until a dark red or black brown sanguineous exudation has resulted from it, which, in the highest form of the disease, becomes a black, friable, tearable, and almost carbonized mass.

§ 66. We now pass to the treatment of dysentery, commencing with naming the remedies which have been used against the various kinds of the disease generally. The principal remedy is *Mercurius corrosivus*, next to which we rank *Mercurius solub. H.*, and other mercurial preparations; *Colchicum autumnale*, *Capsicum*, *Carbo veg.*, *Colocynth*, *Ipecac.*, *Aloës*, *Cantharides*, *Acidum nitric.*, and *Sulphur*; *Flores* and *Hepar sulph.*, *Rhus*, *Staphysag.*, *Nux vom.*, *Bellad.*, *Pulsat.*, *Chamom.*, *Arsenic*, *China*, *Tart. emet.*, *Sepia*, *Plumbum*, *Veratrum*.

Those kinds of dysentery which authors have denominated catarrhal rheumatic, and which do not occa-

sion any great derangements in the digestive functions, offer a variety of rheumatic complaints, together with the characteristic symptoms of dysentery, such as: drawing and shooting stitches in the muscles and extremities, tearing in the nape of the neck, in the head and shoulders. The fever is a continua remittens; the local intestinal affection which sets in simultaneously with the fever is not very violent, the evacuations generally consist of mucus, and are streaked with blood.

This kind of dysentery is generally epidemic, but it sometimes exists as a sporadic disease, and generally accompanies catarrhs, rheumatisms, and diarrhœa; it is principally occasioned by variable, alternately warm and cool and damp weather, and is frequently endemic in those districts where climate and locality make fever and ague likewise endemic.

If the attack have been occasioned by atmosphere and climate, and marshy emanations be the principal and most striking cause, China will remove the whole disease in a very short time, especially if the fever have the character of an intermittent. If, on the contrary, the rheumatic symptoms should be the most prominent, a few doses of Aconite will be found sufficient to cure the disease. If Aconite should not suffice, or if it should not be indicated, Chamom., Rhus or Pulsat., would be the best remedies, especially if the stools consist of blood-streaked mucus. Other remedies may likewise be indicated. (See the remedies for catarrhal and rheumatic fevers.)

The pure inflammatory, or the bilious inflammatory, dysentery, sets in without any precursory symptoms; it is characterized by all the symptoms of a local inflammation. The fever is a synocha; it sets in with a violent chill, followed by a dry, burning heat, with great thirst, dry tongue and skin, and fiery urine. The local symptoms of this kind of dysentery are as clearly marked, and are very much like those of enteritis; both in dysentery and enteritis the abdomen is very sensitive to the touch, hot and distended, the patient

is tormented with retching, vomiting of the ingesta, and coldness of the extremities.

Inflammatory dysentery is very rare, sometimes sporadic, but scarcely ever epidemic; it prevails mostly at the end of summer and the beginning of autumn, when the days are hot and the nights cool.

The first thing we have to attend to in the treatment of inflammatory dysentery, is to remove the synochal fever, which we accomplish by means of a few doses of Aconite. This remedy is frequently sufficient to subdue the whole disease. If the disease should not be subdued entirely, Belladonna has to be used. To confirm our assertion we will mention the symptoms of the disease more in detail. Without dwelling upon the febrile symptoms themselves, which have been described with sufficient completeness, under the head of synocha, we will at once proceed to treat of the local affection, premising that Belladonna deserves consideration if the dysenteric patient be of a plethoric constitution, and have a lively, ardent temperament. The exacerbation commences in the afternoon and lasts until midnight, when the fever remits; nevertheless the patient is prevented from sleeping by a violent restlessness, and a great desire for cold drinks and baths. There are moments when the patient is delirious, especially on waking from a light slumber; his face is then red, and the head hot; gradually he falls into a whining mood, which cannot be subdued except by emphatic remonstrances, or which alternates with a firm resolution to jump out of the bed, and to look for the chamber. The tongue is lined with a whitish fur; the tip, which is not coated, inclines to be dry; the patient has lost all appetite, or has a positive aversion to food; the pains in the bowels are either spasmodic and colicky, or else cutting-burning, the abdomen is somewhat distended in the umbilical region, there is a constant urging for stool, and small discharges of a bloody mucus.

In other cases Nux or Mercurius is indicated. Nux is indicated by discharges of a sanguineous mucus, mixed with single hard lumps of feculent matter, and

accompanied with violent cutting in the umbilical region, and pressing in the rectum. Merc. is a principal remedy when, after the removal of the inflammatory symptoms, frequent discharges of bloody mucus, or liquid feculent matter, remain, accompanied with cutting and tenesmus, which causes burning and soreness of the anus; every evacuation is preceded by a cold sweat in the face, as from anguish and excessive uneasiness.

§ 67. The gastric dysenteries, together with the catarrhal-rheumatic, are the most frequent, and are characterized by the fetid smell and putrid bilious nature of the evacuations. According to authors there exists in the first place a bilious dysentery, which is apt to occur when the nights are cold and the days hot, and which sets in with all the symptoms of a bilious fever; the stools are frequent, consisting from the commencement of a fetid, green or brown bile; colic and tenesmus are very violent, accompanied with great restlessness and oppression of breathing. The bilious dysenteries resemble, to a certain extent, the inflammatory variety; spontaneous vomiting affords relief. They occur most generally as an epidemic disease, towards the end of very hot summers, and at the commencement of the fall, after a continuous heat.

In this variety likewise, the treatment ought to commence with the removal of the inflammatory symptoms by means of Aconite, after which the specific remedy in this variety, Mercurius corrosivus, may be exhibited.

This remedy is indicated by a succession of small muco-sanguinolent evacuations, continuing day and night, with constant cutting pain in the bowels, and an insupportably painful tenesmus in the rectum; or when the stools are mixed with fetid green or brown bile; the patient has lost all appetite, suffers with an unquenchable thirst, his tongue, the edges of which have a whitish coating, inclines to dryness, he feels anxious, hot, and is deprived of sleep in consequence; the pulse is small, feeble, frequent.

The Colocynthis dysentery has the following symp-

toms. The greenish-yellow and frequent evacuations, consisting of a watery slime streaked with pure blood, are accompanied with the most violent colicky pains in the region of the hypogastrium; these pains disappear with every evacuation, and the tenesmus is entirely wanting. The appetite is not entirely lost, but all desire to eat is counteracted by the offensive, bitter taste in the mouth; there is a great desire for drinks without much thirst; every time the patient eats or drinks the colic and the evacuations are excited again. The temperature of the skin is moderate, the pulse is full and not too quick.

Bilious dysentery, especially when epidemic, may assume a form requiring the use of *Colchicum autumnale*. This remedy is extremely valuable in dysentery consisting of a mere white mucus, with violent spasms in the sphincter ani, these spasms setting in frequently when there is no evacuation, in which case the patient experiences slight chills over the back. Bilious vomiting leaving a bitter taste in the throat, and an aversion to food, generally belongs to the *Colchicum* dysentery. The perspiration which exists in the commencement of the disease, disappears afterwards, and the pulse becomes accelerated and small.

Veratrum has been employed by us several times with success, where portions of *fæces* were distinctly seen in the watery-sanguineous, flocculent discharges. These evacuations were more frequent at night than in the day-time; they were accompanied and succeeded by colic, but not so much tenesmus; chills were likewise present. *Veratrum* is still more suitable when the dysentery is accompanied with vomiting of the ingesta, great debility, as if one could not support one's-self, bland delirium, and lentescent fever. It is of the utmost importance to repeat the remedy in that disease, provided the remedy which had been selected was homœopathic to the symptoms.

In pituitous dysentery the inflammatory character disappears more and more; the phenomena denoting an irritation of the mucous membrane become more and more prominent, establishing a similarity between

the dysenteric disease and a mucous fever. The precursory symptoms of mucous dysentery are the same as those of a mucous fever. The disease itself is slower than any other kind of dysentery, if the remedies be not well-chosen; the febrile symptoms, as well as the local affection, are indeed violent, but not as violent as in the other varieties of dysentery; the frequent evacuations from the bowels are without colour or smell.

This kind of dysentery is principally occasioned by catching cold in the damp, wet, and cold fall weather; hence it is that the pituitous or white dysentery occurs more frequently as an epidemic and endemic, than as a sporadic disease; it prevails in October and November, whereas bilious dysentery is more prevalent in August and September.

Mucous dysenteries are cured the most easily in the precursory stage; Mercurius, Pulsatilla, and Dulcamara being the principal remedies. Pulsatilla is frequently the best remedy even when the dysentery has become fully developed. Colchicum autumnale seems to correspond principally to mucous dysenteries; Merc. corr. is likewise an excellent remedy for that disease, if the stools be mixed with blood. The preparations of Sulphur ought to be resorted to after the characteristic symptoms of dysentery have been greatly subdued, but would not yield beyond a certain point, or became worse again after a temporary improvement had been effected. In many cases of that description Acidum sulph. will suffice, unless Sulphur should be more specifically indicated. It is principally adapted to those forms of dysentery where the symptoms are more violent in the night, and the patient passes blood, mucus and pus, accompanied with fever, loss of appetite, cutting colic, and a desire to lie down; the colic is frequently so violent that it causes sickness of the stomach, and the patient is drenched with sweat. The fever consists of a dry heat, generally flushes of heat, without any particular thirst. Hepar sulph. comes next to Acidum sulph.

Aloës is undoubtedly one of those remedies which

will prove valuable in dysentery, inasmuch as it possesses the peculiarity of causing violent colic, with bloody stools.

Ipecacuanha is useful in gastric dysenteries, in the commencement of the attack, if the diarrhœa be accompanied with vomiting, and a pinching pain in the abdomen.

Cantharides is indicated when the patient discharges a white mucus from the bowels, which looks as if it had been scraped off the bowels; the discharges are accompanied with burning pains in the abdomen and bowels, occasioning moaning and lamentations. The fever is generally very violent, burning, with dryness of the mouth, thirst, anxiety, and a small, hard, and intermittent pulse.

Capsicum deserves especial consideration after the violent cutting pains have been removed, and an intensely painful feeling of pressure remains in the region of the stomach and duodenum, accompanied with discharges of a greenish frothy matter, or flocks of bloody mucus; the pulse is full, strong, and particularly frequent from evening until midnight.

Carbo. veg. ought likewise to be recommended for dysenteric discharges of bloody mucus; it ranks next to Cantharides, as regards the pain in the abdomen, especially about the umbilicus, and is distinguished from Cantharides by the burning pain being accompanied with cutting. Carbo veg. is indicated in dysentery when the following group of symptoms occurs, after the evacuation from the bowels: pushing in the direction of the small of the back and the bladder, with pressure on the rectum, and burning in that part; feeling of emptiness, want of tonicity, anxiety, tremulous weakness; frequent attacks of burning heat, especially at night, disturbing sleep.

A distinguished remedy in that variety of dysentery is *Rhus tox.* It is especially suitable when the disease is slow to get well, and, in spite of some slight improvement, all the original symptoms are yet remaining; when the patient appears weak and falling away, the plasticity of the blood is greatly diminished, the

organic activity threatens to become extinct, and typhoid symptoms set in. The symptoms indicating Rhus being very various, we content ourselves with barely mentioning that fact, leaving the reader to compare the symptoms of the case with those recorded in the *Materia Medica*.

Next to Rhus, Staphysagria deserves to be mentioned. It is employed in dysentery with frequent discharges of a yellow mucus, tenesmus, cutting pain in the abdomen, the whole body feels painful as if bruised, and the muscular tone is greatly diminished.

Nitri acidum is probably the best remedy when there is a constant pressing in the rectum without any evacuation; or else the patient evacuates mere mucus, after which the tenesmus continues, followed by a painful tension, with pressure in the whole of the head, constant heat, great dryness in the throat, violent thirst, and an unequal intermittent pulse.

Plumbum corresponds to dysentery of the most violent kind, the patient discharging nothing but blood; the accompanying symptoms are, violent fever, severe cutting in the stomach and abdomen, burning in the anus during the evacuation, and continuation of the tenesmus even after stool.

The worm dysentery is different from the worm fever and the worm colic; the symptoms vary suddenly, and seem dangerous without any real danger being present. That kind of dysentery can only be looked upon as a secondary affection, which must necessarily disappear with the cure of the primary worm disease. The term "dysentery" is not a proper appellation for that disease, inasmuch as the characteristic symptoms of dysentery are not sufficiently prominent; it might be considered a sort of dysenteric diarrhœa. As regards the treatment, we refer to our remarks on worm fever.

For the sake of completeness, we will likewise mention the putrid variety of dysentery. According to authors, it is both secondary and primary. The secondary variety results from the slow development of pituitous dysentery; its existence is recognized by

great debility, profuse, colliquative, and excessively fetid stools; dry, brown, cracked tongue, extremely rapid and scarcely perceptible pulse.

A secondary putrid dysentery cannot possibly occur under homœopathic treatment, unless the physician be utterly incompetent. If a pituitous dysentery be properly treated, it ought to improve four or five days after the treatment has commenced, it ought never to last three weeks, or even a fortnight, as is stated in pathological books.

A primary putrid dysentery has all the symptoms of an epidemic and contagious malady. Beside the pathognomonic symptoms of dysentery, there is this peculiarity, that its phenomena set in with the utmost rapidity and violence, and with a considerable sinking of strength. At first a putrid dysentery has an inflammatory character; the stools are not so frequent as afterwards, but are so much more painful, and are accompanied with violent colic. At this stage of the disease it ought to be treated like an inflammatory dysentery. If the symptoms of a local affection of the intestines should become more prominent; if decayed, fetid masses should be discharged from the bowels without any very great pain, and sometimes involuntarily; if the patient should frequently vomit bile or mucus, and should complain of great loathing, and a putrid taste and smell; if the symptoms of a general status putridus should develop themselves, such as: hemorrhages, aphthæ, petechiæ, blue spots and serous vesicles on the skin, a burning hot skin; turbid, flocculent urine, having a cadaverous smell; sunken, stupid expression of countenance, indifference to surrounding things, soporous condition, etc., Nux, Arsenic, Petroleum, Carbo veg., Acid sulph. and nitr., Kreosot, China, are the best remedies to be used; these remedies, especially Sulphur, Nitric Acid, and Petroleum, ought likewise to be employed when the disease improves but slowly in spite of the best selected remedies, or when it threatens to get worse again after an improvement of some days; in one word, when the disease is protracted, which is usually the case in persons

with a depressed vitality, debilitated, nervous, sensitive, scrofulous, and disposed to chronic maladies.

In this disease the diet is of the utmost importance. Errors in diet may be extremely detrimental to the patient. The patient ought to abstain from fruit and green vegetables, both during and for some time after the malady. Slimy soups and beverages are the most suitable nourishment, especially salep, oatmeal-gruel, and the white of an egg with sugar and water; and lastly, boiled water, which agrees with the patient better than anything else, and aids in restoring the process of sanguification to its normal standard. We know from pathological anatomy that the blood undergoes a morbid change in dysentery, which, in its turn, favours the development of the disease.

§ 68. If typhoid symptoms should be developed in the course of a pituitous or putrid dysentery, which happens in the colliquative stage, the same rules apply which have been laid down for the treatment of a secondary putrid dysentery. A typhoid dysentery never exists as a primary disease, and has to be treated with remedies which correspond both to the typhoid and dysenteric symptoms. (See the chapters on typhoid fevers.)

§ 69. *Diarrhœa.*

Diarrhœa is generally a symptom of some more general disease, or a salutary crisis. However, diarrhœa may likewise occur as a primary disease of the reproductive system, accompanied with fever.

The essential character of diarrhœa is an increased and looser discharge from the bowels, the colour being more or less different from the natural. It is frequently preceded by the precursory symptoms of a gastric affection. Colic is not always present; sometimes, however, it is very violent (diarrhœa torminosa); tenesmus is scarcely ever present.

The disease lasts from a few days to several months, and even years. The discharges vary likewise, feculent, fluid, mucous, bilious, purulent, bloody. Diarrhœa may be without any danger, getting well of itself, or

it may become dangerous by its continuance, or danger may actually be present when diarrhœa sets in.

A diarrhœa which is not manifestly dangerous ought not to be arrested suddenly; danger may be supposed to exist when the discharges are quite watery (although this is not always a symptom of danger),* and great debility after every evacuation, sometimes amounting to syncope.

The selection of the remedy depends upon the form and nature of the discharges. We distinguish the following kinds of diarrhœa:—

Diarrhœa stercoralis, being generally a consequence of overloading the stomach with heavy, undigestible fat, rancid, sour food and drink. It is preceded by offensive eructations, aversion to food, colic, distention and tightness of the stomach and abdomen, nausea, and sometimes vomiting; after these symptoms have set in, a quantity of flatulence is generally emitted, accompanied with loose, fetid, papescent stools, sometimes corroding the anus and causing a burning and pain in that part.

As regards the treatment, the same rules apply which have been laid down for the treatment of the precursory symptoms of gastric and bilious fevers. This kind of diarrhœa gets well of itself, as nature is competent to remove the noxious substances. In some cases a cup of black coffee will have to be used for that purpose, or, if this should not be sufficient, one of the above-mentioned remedies may be employed.

Diarrhœa aquosa serosa is a second form of diarrhœa. This diarrhœa is occasioned by a cold either of the feet or abdomen, and is sometimes a prevailing or even epidemic disease in the latter part of summer, or in the fall season. It is sometimes accompanied with a lancinating pain in the bowels and spasms in the abdomen, retching, and nausea. The discharges take place in rapid succession, they are watery, serous, have very little smell, sometimes, however, they are

* I am now treating a gentleman who has been suffering with watery diarrhœa for the last six years, from three to eight discharges a-day. He is as strong and healthy as any man.—HEMPFL.

bilious; every discharge is accompanied with a new and violent attack of colic. The diarrhœa of children, occasioned by dentition, is of a similar kind, it is sometimes accompanied with heat, fever, and loss of appetite. If such diarrhœas should be violent, and last a long while, serum and even fibrin are passed, occasioning sudden prostration.

Dulcamara, frequently repeated, is the best remedy for most cases of this form of diarrhœa, when it takes place in the summer season, consists of green or yellow mucus, has a sour smell, the evacuations being preceded by colic, followed by debility and remission of the pain, and generally taking place in the evening. If the diarrhœa be not so much accompanied with pain in the bowels, but debilitating; if it be a kind of lenteria, where the evacuations take place shortly after a meal, and especially at night, with or without cutting in the bowels; if they contain undigested food, China will prove serviceable; in many cases Bryonia will have to be given, especially if the diarrhœa have been occasioned by a cold, if the evacuations occur almost involuntarily, have a fetid smell and brown colour, if they be liquid as in infants, accompanied with flatulence or fermentation in the bowels. This kind of diarrhœa is sometimes controlled by Rheum, especially when it affects children of any size, during dentition or afterwards, they look pale, grumble and quarrel a good deal, with heat all over; the evacuations are feculent, papescent, smell sour, and are accompanied with a constrictive pain in the bowels. Mercurius solubilis will afford help if the discharges of green mucus should be accompanied with a pinching and cutting pain, and should be so acrid that they cause a burning and itching of the anus; the rectum sometimes protrudes, and the stools are streaked with blood.

Chamomilla is the surest remedy against diarrhœa which occurs during dentition and is occasioned by a cold; it is generally watery, green or like chopped eggs, smells like putrid eggs and is accompanied with pinching colic. If the diarrhœa should set in with

sudden prostration and a violent cutting pain in the bowels, the surest remedy is a small dose of Arsenic. Many homœopathic physicians recommend Arsenic as the best remedy for diarrhœa from dentition ; it seems however that latterly the tincture of Sulphur has been employed with more success than Arsenic. Characteristic indications for Pulsatilla are the greater frequency of the diarrhœa at night, especially before midnight, or immediately after getting up in the morning, the discharges being watery, green, bilious ; Rhus is indicated when the jelly-like, yellow, and still more or less feculent discharges take place only after midnight and are preceded by violent colic which disappears after the evacuation. Calcarea aceticæ, several doses, has been successfully employed by some homœopathic physicians against that kind of diarrhœa, if it was of long standing, or a watery, acrid diarrhœa, corroding the anus, and accompanied with vomiting of the ingesta soon after a meal, Ferrum metallicum is an excellent remedy. Acidum phosp. and Phosphorus are still more important, when the disease is one of long standing. These two remedies are particularly adapted to chronic, painless, half-liquid diarrhœas, undermining the general health but slowly ; or to diarrhœas occurring from suppressed scarlatina, or to such as occasion a general nervous weakness with excessive emaciation.

A third kind of diarrhœa is the *diarrhœa biliosa*. This kind of diarrhœa is a little more complicated than the two preceding varieties. It is generally occasioned by moral emotions, anger, chagrin, sometimes by catching cold in hot and damp weather ; this frequently makes it an endemic or epidemic disease. Its accompanying symptoms are : want of appetite, bitter taste, yellowish complexion, coating of yellow mucus on the tongue, bitter and disagreeably sour eructations, aversion to food, nausea, and sometimes vomiting of bile ; the evacuations are bilious, yellow, green, and are accompanied with violent colic. The diarrhœa from dentition is sometimes characterized by similar symptoms ; in this case the sour-smelling,

greenish stools do not always depend upon an effusion of bile, but upon acidity in the primæ viæ; they frequently have a chopped appearance or look like stirred eggs; in some cases the anus is corroded by the stools.

The remedies for bilious diarrhœa are the same which have been indicated § 40, and the following. The diarrhœa which is occasioned by acidity in the primæ viæ, and is most frequently met with in children, is cured by Chamomile or Rheum. Sometimes such a sour-smelling diarrhœa becomes chronic; in such a case Magnes. carb. will remove the trouble in a very short while. If the anus, genital organs, and inner surface of the thigh should be very sore, and if the whole body, but especially the thighs, should be covered with a miliary eruption, Sulphur is the best remedy. If the children should be still at the breast, the dose had better be given to the mother or nurse, recommending a strict homœopathic diet. This diet is likewise necessary, when the child is brought up without the breast or is already weaned. In very many cases the little being is stuffed with pernicious things or an excessive quantity of food, pap, etc., to keep it quiet. In cases where Chamomilla is indicated, the physician ought to inquire very carefully whether Chamomile-tea had been given; for the diarrhœa frequently arises from an abuse of that drug. In that case the symptoms ought to be antidoted by Coffea or Pulsatilla before another remedy is given.

Besides the remedies already mentioned we refer to Mercurius, Hepar sulp., Sepia, Calcareæ, and Graphites. We have seen this diarrhœa in children several times, who looked like a piece of raw flesh all over the body, lamented a good deal at night, and were prevented from sleeping by the pain. This condition depends generally, but not exclusively, upon syphilis in the parents. There is no better remedy for that group of symptoms than Mercurius; this either effects a cure or modifies the symptoms so that they will yield to Hepar s., Sulp., or Graphites.

The remedies which we have indicated in the pre-

ceding paragraphs, but especially Calcarea, are especially adapted to such diarrhœas when occurring in scrofulous patients; the secondary symptoms, which, however, are not always very prominent, will point more distinctly to one or the other of those remedies.

A fourth class of diarrhœa is the *diarrhœa mucosa, pituitosa*. This diarrhœa sometimes arises from a mismanaged watery or feculent diarrhœa. Or it may be occasioned by a cold in damp, wet and cold fall-weather, and in low and marshy regions; when such causes prevail, the diarrhœa may become epidemic or endemic. Weakly, nervous, dyspeptic persons are most easily affected. The disease is ushered in by distention and hardness of the abdomen, pressure and feeling of repletion in the abdomen, flatulence, loss of appetite, slimy coating of the tongue, etc. The discharges have various colours, generally they are slimy, and sometimes streaked with blood. They are debilitating, and induce emaciation unless soon arrested. This kind of diarrhœa is, in most instances, a consequence of existing affections, especially of mucous fevers.

As a general rule, mucous diarrhœas are treated like mucous fevers. It is a remarkable fact that such diarrhœas, together with their accompanying symptoms, generally correspond to Pulsatilla, especially if the colour of the stools vary. If the diarrhœa should be greatly debilitating, Colocynthis may be given. If the evacuations should be slimy, green, sanguineous, accompanied by tenesmus, Merc. sol. is the remedy. If the disease should be one of long standing, Petroleum will sometimes cure it, provided it corresponds to the secondary symptoms; Acidum phosp. or Phosphorus are sometimes the best remedies. According to Dr. Gross, the best remedy in painless diarrhœa is Ferrum metallicum. Lately Secale cornutum has been frequently given for mucous diarrhœa, especially when the tongue was coated with mucus, and the patient complained of papescent taste and rumbling in the abdomen. It may be remarked that all those remedies have to be given repeatedly.

We do not speak of diarrhœa verminosa, diarrhœa sanguinea, diarrhœa urinalis, and diarrhœa purulenta; these are secondary affections which have to be treated in company with the primary disease.

Slimy kinds of food and drink, such as sago, salep, rice, vermicelli, gruel, barley, oatmeal, etc., are to be recommended in this kind of diarrhœa; if the diarrhœa be chronic and yield only for a few days to the remedies which are given for it, the patient may eat whortleberries, either raw, dried, or stewed. Fresh-drawn milk, not boiled, is an invaluable remedy for diarrhœa of children which does not yield to medicine.

FIFTH CLASS.

FEVERS AFFECTING PRINCIPALLY THE NERVOUS SYSTEM.

§ 70. *Typhus*.

As in synochal and crethic fevers the vascular system is principally excited, so is typhus characterized by great erethism of the nervous system, especially the ganglia and brain. Typhus is characterized by great variability of all the symptoms, an apparent contradiction between the symptoms themselves, and between the symptoms and the disease, for instance: dryness in the mouth and no thirst; no pain even when causes are at work which tend to produce pain; violent illness and no great feeling of illness, the patient asserting on the contrary that he feels well. The moral symptoms are of the utmost importance in typhus, as the selection of a remedy frequently depends upon them exclusively. It would be a fruitless attempt to give an accurate and never-changing description of typhus, which is an assemblage of the most varied phenomena. In the following chapter we give a general description of the characteristic symptoms of typhus, and shall furnish the particular indications for the remedies which are used in typhus, when we come to speak of the varieties of that disease. Recently it has been ascertained that the mucous membranes and the lymphatic glands, especially those of the ileum, are the principal seat of the disease, whence it has been termed *typhus abdominalis*; for-

merly the dynamic character of the disease, the depression of the nervous system was principally considered and, in accordance with that character, the disease was named *febris nervosa* which could now be properly applied only to typhus cereбрalis. The more precise appellation of this fever has led homœopathic physicians to the discovery of many valuable remedies for typhus, which it might have been difficult to discover without the pathological seat of the disease having been first ascertained by post-mortem examination.

§ 71. *General symptoms of typhus ; diagnosis.*

There is no violent chill in the commencement, but slow chills alternating with heat. The brain and nervous system are principally affected from the commencement, as may be inferred from the following symptoms : dulness and tightness of the head, gloomy mood, headache, vertigo, sometimes syncope, trembling, subsequent delirium, sopor, spasms of every kind, both external and internal ; convulsions, great debility and prostration ; small, feeble, soft, easily compressible, moderately frequent, sometimes slow, very variable pulse, which does not harmonize with the respiration ; for instance, is rapid when the breathing is calm (Hufeland).

There are three kinds of more or less distinct forms of typhus :

1. Typhus cereбрalis, affecting principally the brain, spinal marrow, or the nervous system generally. This variety of typhus is principally characterized by symptoms which denote a deep alteration of the functions of those organs without any inflammation being present ; there will always be delirium, sopor, or paralysis of the organs of sense, when the irritative stage—great hurriedness in all the movements and manifestations of the senses—has passed over. At this stage of the disease there is the most remarkable difference in the quantity of blood contained in the brain and spinal marrow and their membranes, from extreme congestion to anæmia ; sometimes those organs

are compact and tenacious, sometimes they are interstitially distended.

2. Typhus abdominalis, where a portion of the abdominal organs is the principal seat of the disease. This variety contains a great number of shades and has a slow course. The brain is only gradually invaded; the cerebral disturbance manifesting itself with a certain rapidity in full-grown persons only, where the organs, which are the principal seat of the typhus, have attained a normal size without showing any striking changes in the reproductive functions. We now know from post-mortem examinations that the principal seat of the typhus abdominalis is the mucous membrane of the ileum which exhibits various forms of degeneration, congestion, infiltration, ulceration, induration, interstitial distention, softening, exanthematic spots, gastro-enteritis, open or cicatrized ulcers. Little by little the mesenteric glands and the spleen are likewise affected, becoming considerably enlarged, and from the spleen the affection frequently extends to the mucous membrane of the cul-de-sac of the stomach.

3. Pneumo-typhus, the organs of the thoracic cavity, especially the lungs, being principally affected. This variety of typhus frequently sets in in the shape of a catarrh, or of an imperfectly-developed and therefore not distinctly marked pneumonia; the heart and the larger vessels are sometimes affected. The patient complains of great anxiety, hurried, incomplete, laborious breathing, with short, croaking, exhausting cough; the expectoration has a bad colour, is purulent and blood streaked; certain regions in the chest are more or less painful. A post-mortem examination reveals the following appearances: degeneration of the lungs by inflammation and gangrene, hepatization, adhesions, effusions in the mucous membrane of the bronchia and the parenchyma of the lungs; the heart is flaccid, pale or of a dingy-red. The diagnosis is not very difficult. The excessive prostration, the violent and universal irritation of the sensus communis, the appearances about

the head (the humming and buzzing about the ears) the tendency of the fever to become continuous, inform the physician that the disease is not a simple catarrh but that there is an approaching typhus which although it may be kept in check for a time, will break forth in all its violence on the seventh day. The physical signs resemble those of croupous (catarrhal) pneumonia; the percussion-sound becomes more and more dull; auscultation reveals crepitation which, in the stage of hepatization, is changed to a consonant rattling.

The course of typhus is very irregular and uncertain; the precursory symptoms sometimes exist for days, even weeks, such as tightness and dulness of the head, vertigo, tremulousness of the extremities, headache, sleeplessness, dreams, even visions. Typhus may last from 21 to 28 days, and even longer; the convalescence is slow and the patient is liable to relapses.

§ 72. Typhus is divided into varieties according to its intensity, its type and complication. We distinguish a typhus mitior and gravior, a typhus continuus and remittens, a typhus simplex, inflammatorius, putridus, gastricus, rheumaticus, catarrhalis. In homœopathic treatment such a classification has no practical value, as the selection of the remedy depends upon the symptoms of every case in particular, not upon the characteristic symptoms of the genus. Full-grown persons are more liable to typhus than children and old people.

The remote causes of typhus are: privation or bad quality of the necessary food, (hunger, famine, bad nourishment); air which has become vitiated by crowding a number of men into close rooms, or by uncleanness; depletion by venesection, hemorrhage, etc.; exhaustion of the nervous power by excessive irritation, excessive exertions of the body or mind, venereal excesses, excessive heat, etc.; depressing emotions: chagrin, sadness, grief, care, disappointed love; nervous or putrid contagia, dampness, cold, an atmosphere which does not furnish sufficient sustenance

to the vital forces and favours the development of an epidemic typhus ; such an atmosphere arises from a continuance of wet weather and easterly winds.

§ 73. The prognosis depends upon the form of typhus, the typhus in our climate is less dangerous than the pest or yellow fever ; also upon the stage in which we find the fever, a typhus which has been continuing for a time, is more uncertain than an incipient one ; upon the course, the more regular the course, the more favourable the prognosis ; upon the violence of the symptoms, constant delirium, floccilegium, subsultus tendinum, constant sleeplessness, colliquative secretions, sopor, difficult swallowing, are very unfavourable.

Typhus generally terminates by some imperfect crisis, metastasis, metaschematismus, miliary eruption (which may also be one of the symptoms), furuncles, abscesses, deafness, blindness, etc.

Death takes place by paralysis of the nerves, or by some local affection, inflammation of the bowels, or by colliquation, putrid decomposition.

It is very difficult to measure the exact extent of the danger, owing to the deceptive feelings of the patient, the uncertainty, and the variability of the symptoms, and the opposition which seems to exist between the apparent symptoms and the internal condition. The pulse likewise cannot always be relied upon, inasmuch as a rapid pulse is not always proportionate to the intensity, nor a calm and regular pulse to the unimportance of the disease. The urine indicates an improvement, if the turbid urine become clear, or the clear urine moderately turbid ; if a sediment should form at the bottom of a lemon or straw-coloured urine, this is a sign of recovery. The danger increases in proportion as the head is more stupified, insensible, soporous, the patient feels well, the local paralysis spreads over an increasing number of parts ; the tongue, for instance, feels paralyzed when talking, or when protruding it from the mouth ; there is difficult deglutition, incontinence of urine, involuntary stool, violent convulsions. The greatest danger occurs when the skin

is unequally warm, dry, or else covered with clammy sweat, or when a symptomatic miliary eruption, and petechiæ, break out upon the skin prematurely. Colliquative phenomena are likewise dangerous. What is remarkable is, that deafness is generally a good sign (Hufeland).

§ 74. The treatment depends upon the individual nature of every case, and the remedies have to be chosen in accordance with the symptoms. The following remedies have proved efficient in the treatment of typhus: Bryonia, Bellad., Rhus, Phosphorus, Nux, Aconitum, Arnica, Arsenic, Ignatia, Acid. phosp., Hyosciamus, Stramonium, Chamomilla, Ipec., Carbo veg., Cina, Pulsat., Cocculus, Lachesis, Mercurius, Camphor, Opium, Hellebore, Valeriana, China, Acid. mur., Spir. nitr. dulcis, Digitalis, Secale cornutum, Staphysagria, Spigelia, Lycop., Natrum mur., Magnes. mur., and others.

Typhus frequently commences as a synochal fever, with congestion of the head and chest. The slight chills on the first and second day, in connection with loss of appetite, debility of the limbs, restless sleep, with frequent starting as if in affright, the elevated temperature of the skin shortly increasing to a stinging, burning heat, with a good deal of thirst, a full, accelerated, rather hard, pulse, and the scanty secretion of urine, point to a deep-seated affection, which will not get well without the interference of art. Only in a very few cases do we succeed in cutting the disease short; the difficulty of accomplishing this is probably owing to the vagueness and uncertainty of the symptoms, which make it impossible to hit upon a certain remedy. Frequently, however, the physician is sent for too late to prevent the development of the disease; the patient or his friends are not sufficiently acquainted with the nature of the symptoms to be aware of their dangerous character.

If typhus should set in with the symptoms of a synocha, such as: violent dry heat, burning skin, alternate redness and paleness of the cheeks, great erythism of the nervous system, restlessness, moaning,

tossing about, apprehensive anxiety, painful congestion of blood to the head, vertigo, nightly delirium, dry cough, which racks the abdomen: Aconite is to be exhibited, and should be repeated as the intensity of the fever requires. If there should be no abatement of the fever, or if other dangerous symptoms should make their appearance during the use of Aconite, the continued exhibition of this remedy would be highly improper, and would involve an irreparable loss of valuable time.

Sometimes Belladonna is indicated at the very commencement of the disease by the following group of symptoms: the disease is occasioned by fright or chagrin; convulsive twitchings of the limbs are present; the patient complains of constant uneasiness in the limbs, especially in the hands and feet, sometimes in the head, inducing a constant movement of those parts, and change of position; or the disease sets in with fainting turns, after which an excessive sensitiveness and irritability of all the organs remains, this being the first commencement of typhus; or the fever may commence with a continual drowsiness, increasing to lethargy, with snoring, during which the countenance changes frequently from cold and pale to red and hot, similar changes of temperature being observed in other parts of the body; if the consciousness should remain active during the sleep, the sleep is frequently disturbed by startings as if in affright, by frightful, anxious dreams, with vivid fancies, the fancies continuing in the waking state, with inability to collect one's senses. In the waking state we observe in the patient various disturbances of the mind and senses, which do not justify the expectation of a sudden disappearance of the symptoms; the patient is disposed to whine, he is fearful, anxious and restless, he moans, groans, starts out of his bed, complains of internal heat, with headache and vertigo; or else he is indifferent, is not disposed to talk, and is frequently subject to illusions of the senses and the fancy.

As the disease progresses the erethic fever increases, the delirium becomes more furious, the patient has

visions in the waking state, startings as in affright, with internal, burning heat, without thirst, distention of the veins of the head, violent throbbing of the arteries of the head, especially in the forehead and temples, violent pressing pains in the temples, from within outward, which become intolerable by movement, conversation, light, walking through the room, and are accompanied by vivid fancies and delirium ; the patient stares, the whites of the eyes are red ; in his rational moments the patient complains of buzzing in the ears, scintillations, and blackness before the eyes ; the lips and buccal cavity are dry, the tongue is red, burning-hot, parched ; the appetite is gone, the patient complains of a violent burning thirst, with difficult deglutition, on account of the violent dryness ; distention of the abdomen, with sensitiveness to the touch and frequent small diarrhœic stools. The scanty urine is generally dark-red, becomes turbid, and deposits a reddish sediment. When these symptoms occur, repeated doses of Belladonna are the best remedy.

In typhus, with erethic congestions of the head, Bryonia is likewise a most valuable remedy, when the following group of symptoms occurs : after a slight cold the patient complains of a pain as if bruised in the whole body, everything upon which he is lying is too hard for him ; the beating, pressing pain, in the forehead, from within outward, is especially distressing to the patient when looking up or moving his eyes ; the scalp is painful to the touch, and the head burns like fire, in spite of which the forehead is sometimes covered with cold-sweat ; debility, weariness and weight in the limbs, which obliges him to sit or lie down, with dread of the open air ; the night's rest is disturbed by erethism of the circulation, heat and anxiety, especially in the hours before midnight ; the patient moans during sleep, and is waked by anxious and frightful dreams, which continue even after waking. A characteristic symptom in the commencement of the Bryonia typhus is the alternation of heat and chilliness, the former in the morning, the latter in the afternoon, and on going to bed ; the thirst is moderate, but

there is vertigo, increase of headache, and excessive erethism of the nervous system. Gastric symptoms are manifestly present; the patient complains of bitterness in the mouth, dryness and yellow coating of the tongue, aversion to food, nausea, with inclination to vomit, pressure and stinging in the pit of the stomach, sensation in the hypochondria as if they were distended, difficult stool.

As the disease progresses the violent heat becomes permanent, and is accompanied with violent delirium, without the patient complaining much of his illness; the distortion of the features, and the grasping at the head, are the only signs of the continuance of the violent headache; the continued moaning, even when the patient is awake, points to an approaching rash, which frequently breaks out in the shape of a white miliary eruption, and sometimes in the shape of petechiæ. The delirious talk of the patient in most cases turns about the patient's business, which gives him so much anxiety that he endeavours to escape. The thirst becomes more intense, the tongue drier and parched; the face is red, bloated, the dry lips are cracked; the alvine evacuations cease entirely, and the urine looks brown-red. Bryonia ought to be repeated every two or three hours.

Mercurius is an important remedy when the fever has the character of erethism from the commencement. Mercurius is best adapted, especially in the commencement of the disease, to puffed leuco-phlegmatic individuals with soft and spongy flesh and predominant inclination to catarrh and profuse sweats, and affected with bodily and mental weakness. It is certain, that Mercury deserves a preference over many other remedies when catarrhal and rheumatic fevers turn into typhoid. Mercurius is indicated by the following symptoms: a long while before the typhoid symptoms set in, the limbs go to sleep when the patient sits or lies down, with numbness, insensibility, and tingling in the same; the patient finds it hard to drag his limbs along, sweats or is affected with palpitation of the heart upon the least move-

ment; nevertheless the uneasiness which he experiences in his limbs, compels him to move his limbs constantly. Although the patient does not yet complain of any thing in particular, yet he is so debilitated and feels so ill all over that he is obliged to lie down; he is scarcely inconvenienced by any thing, except slight heat, erethism of the blood and trembling, which occasions a constant starting and jactitation of the limbs during sleep; frequent watery stools, with moist and coated tongue, bitter, putrid, pappy taste, slight thirst, sensitiveness to pressure in the pit of the stomach, in the umbilical and hepatic region, distention of the abdomen. The mental and physical debility gradually increases, fainting turns supervene, and the patient is attacked with paroxysms of spasmodic contraction of the limbs occasioned by the sudden paroxysms of vascular erethism; henceforth he finds it impossible to leave his bed.

If, in the progress of the disease, the following symptoms should occur, Mercurius is still indicated: general erethism of the nervous system; the delirium is not altogether inconsiderable; the chills which, in the commencement of the fever, were interrupted by flushes of heat, have yielded to a constant burning heat with excessive desire for iced water. The patient complains of fulness, painfulness in the epigastrium; symptoms of a general plethora, especially in the portal system, make their appearance; frequent bleeding from the nose, from which we may infer, that the blood begins to be decomposed; excessive restlessness, anxiety, vascular erethism, pulsations, violent headache, as if the head would burst, preventing sleep and frequently interrupting it by causing the patient to start. Little by little the patient becomes more indifferent, he is desponding, does not care about life; he is frequently unable to collect his senses, he loses his memory, which loss is probably a continuance of the previous dizziness and dulness of the head. His face becomes livid, the eyes grow pale, the nose blackish, the gums swell and bleed readily; a putrid smell from the mouth makes its appearance,

and colliquative secretions of various kinds occur, among which the watery, copious, colourless, serous or white flocculent stools are the most characteristic. Under certain circumstances *Mercurius* corresponds to all the varieties of typhus, from typhus *erethicus* to typhus *putridus*.

We have now mentioned the principal remedies which correspond to the typhus *inflammatorius*, without, however, intending to convey the idea, that they cannot be used in the succeeding stages of typhus. This would be contradicted by the symptoms which show, that all the above mentioned remedies may be serviceable in any stage of typhus. We shall now indicate the remedies which correspond more especially to the nervous phenomena in typhus, whether it exist as a primary disease, or a disease which has been developed out of other diseases. First in rank, is

Rhus toxicodendron. Upon the setting in of the precursory symptoms, the patient complains of chilliness even near the warm stove, with colic and diarrhœa, pains as if bruised in various parts, as if the flesh were beaten off the bones; the tongue is coated white, the patient feels an inclination to vomit, resulting in vomiting of mucus, he complains of vertigo; the parts upon which he lies, go to sleep and feel numb, he complains of an exceedingly troublesome stinging, drawing, and rigidity in the nape of the neck and back; he feels worst when resting and at night, for at such a time he experiences a lameness and stiffness in the limbs, beside the other symptoms. As the disease progresses, he feels extremely weak to such an extent, that he is unable to remain out of his bed, from which an apprehensive anxiety and a disagreeable feeling of heat constantly impel him to escape; his sleep becomes restless; he tosses about and uncovers himself constantly, the uncovered parts feeling so chilly, that it makes him wide awake, and sleep is prevented by the excessive *erethism* of the circulation and by a variety of fancies; if he should, however, fall asleep, his sleep is disturbed with the most troublesome dreams.

As the fever progresses, a typhus abdominalis becomes more and more marked; the evening chilliness, which is followed in bed by several hours' dry heat and thirst, cutting as with knives in the abdomen, and diarrhœa, disappears entirely and is changed to a continuous heat with violent delirium, pains in the limbs, excessive weakness, dry, blackish tongue and lips, burning-red cheeks, subsultus tendinum, floccilegium, sopor with muttering and snoring, small accelerated pulse. When the delirium abates, the greatest anguish is depicted in the features, which takes place more frequently before than after midnight, and is accompanied with prostration of strength. If the patient should be on the point of falling asleep again, he is constantly prevented from so doing by starting as in affright. The following are some of the accompanying symptoms: Redness and lachrymation of the eyes, which are no longer susceptible of any impression from without, dryness of the nose, collapse of countenance, fetid odour from the mouth, involuntary discharge of stool and urine; the urine is whitish and turbid during emission, before any colliquative symptoms had set in, and becomes much more so by standing; oppression of the chest is a characteristic symptom for Rhus; this oppression continues from the commencement to the end of the disease, whether terminating in death or recovery.

Rhus is one of the most distinguished remedies both in the commencement and the progress of the disease, in typhus versatilis as well as in stupidus (especially in the latter); it is likewise of great value during the stage of convalescence, when the improvement is very slow, the pulse continues feverish, there is an appetite, but more for particular things, than for natural simple food; there is yet some inclination to diarrhœa, and the oppression of the chest is not entirely removed.

Next to Rhus is Phosphorus, which is principally indicated, when typhus arises from onanism or from a slight cold. This kind of typhus has a long precursor-

ry stage, commencing with rheumatic pains in the upper and lower limbs, and accompanied by a capricious sensitiveness; those pains are generally very intense early in the morning and evening, in bed, they increase when a current of cool air comes in contact with the limb, and are frequently accompanied by other symptoms, such as: rheumatic drawing in the nape of the neck, stiffness of the affected limbs, toothache, weariness, and a bruised feeling in all the limbs, vascular erethism with dulness and tightness of the head, palpitation of the heart, stitches in the pit of the stomach, cutting pain in the bowels, and a general sick feeling. If these symptoms should continue for any length of time without any change for the better being effected by the medicine, the disease reaches a higher degree characterized by the following symptoms:

The continuous heat is accompanied by a small, hard, quick pulse, throbbing of the carotids, profuse night-sweats; the sleep is interrupted by shrieks, constant fancies, moaning, tossing about, want of breath, stitches, rattling in the chest, oppressive cough with bloody expectoration (pneumo-typhus); upon waking the patient complains of great heat, dry mouth with thirst, painfulness of every part of the body. These symptoms are accompanied with sensitiveness and rumbling in the cæcal region, especially when making pressure upon it, burning feeling in the abdomen and anus, frequently accompanied by half liquid, bloody stools; vertigo with stoppage of the head; the stupefaction and beating pains in the head are very great, there is a gauze before the eyes, hardness of hearing, frequent discharge of blood from the nose when blowing it, and heat in the face. The tongue and lips are dry and parched; the appetite is entirely wanting; the patient, when conscious, complains of bitter taste. (Phosphorus is frequently indicated when the patient lies in a state of stupor.) The urinary discharges are copious, at times depositing a reddish, at times a white flocculent sediment.

A striking symptom is the excitation of the sexual organs, which occurs in both sexes, and frequently increases to satyriasis and nymphomania.

Phosphoric acid is closely related to Phosphorus, but more so to Pulsatilla. Phosphorus may, under certain circumstances, be employed against any form of typhus; Phosphoric acid has a more limited, but at the same time more definite sphere of activity. Even the precursory symptoms of a phosphoric acid typhus are so well marked that there can be no doubt as to the selection of the remedy. The symptoms are frequently occasioned by long grief, chagrin, care, and increase to such an extent that they become dangerous to life. The precursory stage almost always commences with a gastric derangement, which is even characterized by the peculiar eruption about the mouth; there is a striking rising of air, with nausea, which compels him to lie down, and then frequently increases to a considerable vomiting, with extreme sensitiveness of the stomach and pit of the stomach, which increases more and more as the vomiting continues, and extends over the whole abdomen. The appetite is entirely wanting, the thirst is great, the patient has a particular desire for acid, juicy drinks. Diarrhœa supervenes with borborygmi in the distended abdomen; the frequent light-yellow stools require more particularly the exhibition of Phosphoric acid. If these symptoms be accompanied by intense pain in the inmost parts of the lower abdomen, which is even aggravated by the contact of the shirt; if a red miliary eruption make its appearance in various parts; if the pulse be frequent, weak, sometimes intermittent; if the patient be unable to collect his senses; if muttering delirium, stupor, burning heat of the skin, a dry, parched state of the buccal cavity, and permanency of the recumbent posture be present, frequent doses of acidum phosphoricum will effect the desired improvement. This remedy is always most suitable in the commencement, as well as in the progress of a typhus stupidus, whether this arise from a gastric or erethic typhus: characteristic indications for Phosphoric acid are bland delirium, or silent and

quiet recumbent posture, the patient giving a proper answer for a few moments, but shortly afterwards relapsing again into his former condition.

Having spoken of a typhus stupidus, we ought to allude to a remedy which is closely allied to Phosphoric acid, and is yet too much neglected in typhus, we mean *Acidum muriaticum*. There are two symptoms which indicate this remedy exclusively, they are the following: the patient constantly settles down in the bed with moaning and groaning during sleep, and this settling down takes place again even after the patient has been raised, with constant muttering in the waking state, and inability to collect his senses; the second characteristic symptom is: the paralytic condition of the tongue, with great dryness in the mouth and fauces; even when fully conscious, the patient is not able to move his tongue as he would like; the tongue feels heavy and too long, so that he is unable to raise it. The accompanying symptoms, such as burning heat, obliging the patient to uncover himself, accompanied with anxious uneasiness in the body, the tossing about, and the frequent waking from sleep; the loss of appetite, aversion to nourishment, etc., are not sufficiently definite to indicate any one remedy in particular. The intermission of the pulse every third beat, and the profuse quantity of watery urine, might perhaps be considered as characteristic indications for *Muriatic acid*. As a general rule, *Acidum muriaticum* is a great remedy in typhus stupidus.

The principal specific in typhus, especially in a well marked typhus abdominalis and putridus, is *Arsenic*. Diseases of the mucous membranes, which have developed themselves out of gastric, bilious, and mucous fevers, constitute the greater part of the curative sphere of *Arsenic*; diseases with intermittent type likewise correspond to *Arsenic*; this is another reason why *Arsenic* is a great remedy in typhus, with well-marked exacerbations. The homœopathic physician will think of *Arsenic* even in the commencement of typhus, if unimportant symptoms, such as a single vomiting, a diarrhœic stool, a little pain, etc., should

be accompanied with great debility, obliging the patient to lie down, and with drowsiness, the sleep being nevertheless disturbed by restlessness and anxiety, with burning heat. Soon after the seated, characteristic, burning pains in one side of the abdomen make their appearance, with sensation as if a heap of incandescent coal were deposited in that region, with coldness of the limbs, and parchment-like, dry, hot skin, panting for drink, petechiæ, and white miliaria. The patient complains of giddiness, with buzzing in the ears, and hardness of hearing; the countenance is pale, livid, and distorted in a peculiar manner; aphthæ form in the mouth, with frequent inclination to vomit, occasioning a faint feeling every time the inclination occurs; meteorism, with burning and excoriating alvine evacuations, consisting of a yellow water, with cadaverous smell, and passing off without the patient being conscious of it.

Further observations will have to show whether small doses of Arsenic are as efficient in typhus as larger (the second, third, sixth attenuation). As for ourselves, we have *cured* our patients with the lower attenuations, repeating the dose less frequently as the improvement progressed more rapidly. It ought to be noticed that many typhus patients do not complain of pain in the bowels until pressure is made upon the part; in this case the pain is very rarely burning, but on the other hand so much more characteristic as a therapeutic indication.

Carbo vegetabilis holds almost the same rank with Arsenic in those forms of typhus for which Arsenic is such an admirable specific. We have found Carbo not only indicated in the last stage, characterized by decomposition of the fluids, ulceration of the intestinal canal, decubitus gangrænosus, stupor, with rattling, cold sweat over the whole body, hippocratic countenance, small, weak pulse; but also in the second stage, which is, in fact, its principal sphere of activity. In the third stage it has been used with great success by many practitioners. The principal indications for its use are the following: burning stinging in the inmost

parts of the abdomen, with great anguish and troublesome flatulence coming on after every meal, and accompanied by loose stools, with tenesmus, burning, light-coloured, bloody, and having a putrid smell. The appetite is not entirely extinct, the patient has a great desire for salt food and coffee, complete aversion to meat; the patient is afraid of taking any nourishment, on account of the above-named symptoms, together with burning in the stomach, arising from it. There is nightly agglutination of the eyelids; the patient suffers with hardness of hearing, tingling in the ears; (Carbo is a very important remedy for the anguish which is occasioned by violent congestions of the chest and head, and accompanied by burning skin;) bleeding of the nose, with stoppage of that organ, which is maintained by a constant formation of scurfs; eruption around the nose, and the blackish-looking chapped lips; the patient sleeps with his limbs drawn up; it is a restless sleep and frequently interrupted by waking. On raising the head the patient feels giddy, and is extremely unhappy and oppressed. Carbo is a most important remedy in typhus abdominalis during the ulcerative stage.

When the above-mentioned symptoms occur, Rhus, Acidum nitr., Phosphorus, and Lycopodium ought likewise to be considered. Rhus and Nitric acid when the pains are not very burning; Acidum nitricum is indicated when certain parts of the abdomen are very sensitive to pressure, with dragging, stinging pain in the rectum, evacuations of green mucus, difficult urination, tendency to collapse; Lycopodium deserves consideration when the urine is burning.

An incomparable remedy in the first stage of the disease is Staphysagria, when the following symptoms occur: sordes on the teeth, pale and bleeding gums, with painful swelling of the gums, and rapid decay of the teeth; vanishing of thoughts and ideas, weakness of memory, dulness of mind, great indifference and ill humour; vertigo, with stupifying headache; dimness of the eyes, itching, stinging, and heat in the canthi; fulness in the pit of the stomach, with frequent hickup

and vomiting; tension across the hypochondria, oppressing the breathing; pressure, weight, and tension in the abdomen; cutting pain in the bowels, with nausea; copious diarrhœic stools. As a general rule, Staphysagria is the best remedy, if the sexual organs are involved, and if the characteristic pains in the chest, heart, and spinal marrow, the various gastric troubles, the fetid-smelling sweats, the weariness and bruised feeling in the limbs, the morning and evening febrile erethism occur; all those symptoms point to a deep-seated affection of the nervous system, the complete development of which is frequently prevented by Staphysagria.

In the second stage of the disease Valeriana is frequently an efficient remedy, when white miliaria and bland delirium have made their appearance. The miliaria occurs most frequently on the chest and in the nape of the neck, it causes a burning and stinging sensation and announces itself a few days previous to its breaking out by stinging pains in the pit of the stomach and a continuous oppression of the chest; this latter symptom is greatly relieved by dry cupping at the pit of the stomach. The delirium is accompanied with great nervous erethism and tremor, and consists of illusory notions, such as: the patient is not herself, but some one else, to whom she has to give way, on which account she keeps constantly pushing towards the edge of the bed; or she is in a carriage and has to make room for some other person to come in; or some animals are lying by her side which she fears she will crush by the weight of her body, and the like.* The patient complains, moreover of great pains in the limbs, especially in the feet, which are spasmodically stretched, are extremely sensitive to contact, and resume their natural position only gradually as the patient improves. The pains which the patient experiences in the limbs, likewise

* The reader will perceive that these symptoms are spoken of as belonging to a female patient; we may infer from this that Hartmann has met such a group of symptoms in his practice in a female patient, and, having cured it with Valeriana, has inserted it here as a group of general occurrence.—HEMPEL.

involve the spinal column, decubitus supervenes very speedily. As a general rule Valeriana may be employed in typhoid fevers which commence with an irritation of the spine, as manifested by violent spasms, asthma, distortions of the countenance, &c. The appetite never disappears entirely, but the thirst is much greater; the febrile heat is continuous, the pulse being accelerated and weak, 100 beats a minute; the sleep is restless, disturbed with anxious dreams, during which the patient constantly endeavours to uncover himself. The abdomen is sensitive to the touch in the ileo-cæcal region, it is generally distended; costiveness, scanty, turbid urine.

§ 75. In typhus gastricus the following remedies are the most efficient: Ipec., Cham., Puls., Ignat., Nux, Cocculus, Arnica, China, Digitalis. Ipec. is indicated when the gastric symptoms prevail; by slimy, bilious diarrhœic stools, occasioned by the abuse of pork and pastry (see also Pulsatilla) and appear in company with spasmodic pains. Children and females being particularly predisposed for such affections, Ipec. is especially useful to those classes of persons, and the more so when the following symptoms occur: the spasms consist in tossing the head to and fro, distorting the features, jactitating the limbs, stretching the body as if in a state of rigor (spinal irritation); starting from sleep as in affright, violent, general heat, especially in the evening hours, accompanied with great nervousness and irritable mood; yellow coating of the tongue with constant inclination to vomit, and vomiting of bilious substances, &c. (see gastric and bilious fevers).

On a par with Ipec. ranks Chamomilla, when convulsions and spasmodic symptoms occur, with bright-red, dry, cracked tongue, lined with a yellowish-white coating, slimy, putrid, and bitter taste, putrid smell from the mouth; inclination to vomit, and bitter vomiting of food; pressure at the stomach and distention of the abdomen with great sensitiveness to pressure, with cutting, burning, and pinching pains; diarrhœic stools of white or yellowish-green mucus; urine

with yellow flocks; catarrhal symptoms; great nervous erethism; vivid fancies both during sleep, which is full of dreams, and in the waking state during the febrile heat which is accompanied with great thirst.

We refer the reader to the chapter on the gastric fevers for a more detailed account of the symptoms indicating the preceding as well as the succeeding remedies.

Pulsatilla is a great remedy in typhus gastricus. This remedy is adapted to persons with a mild, yielding temperament and a timid disposition with inclination to weep. The febrile heat is always mingled with chilliness which comes on as soon as the patient uncovers himself; there is no thirst; the pulse is quick and small; bland delirium, weeping, wringing one's hands, alternating with sopor.

Ignatia is adapted to persons with fitful temper, changing from mirth to sadness. The fever is almost always accompanied with sudden flushes of heat, headache, pain in the pit of the stomach, great debility, occasional alternation of redness and paleness of the countenance, dry, chapped lips, white tongue, deep sleep with snoring, accelerated small pulse, and the gastric and bilious symptoms which characterize this remedy.

Nux is equal to any of the above-named remedies in this variety of typhus; in many respects it is superior, since the action of *Nux* extends over almost all the organs and systems of the human organism. *Pulsatilla* is closely related to *Nux*, but more so to Phosphoric acid. The difference between *Nux* and *Pulsatilla* is more general than special. *Puls.* is more suitable to females, *Nux* more to males; *Puls.* corresponds to the mild yielding temper, *Nux* to a lively, sanguine, choleric temperament and an artful, malicious disposition; *Pulsat.* is indicated by predominant paleness, *Nux* by a bright-red complexion, and in general by plethora which, in many persons, is indicated by hæmorrhoids. These are the general differences. The particular indications for *Nux* are the following: troublesome heat which is frequently

mingled with flushes ; hard, full and frequent pulse ; pains and debility in the limbs, tightness and dulness of the head, vertigo, aching pain in the forehead (relieved by laying the head upon the table) ; oppressive crampy pains in the stomach and a tensive pressure in the pit of the stomach with nausea, bitter taste and eructations, with yellowish coating of the tongue, complete loss of appetite and vomiting of the ingesta, cutting spasms in the abdomen, constipation, painful emission of urine, which looks reddish and frequently bloody ; all impressions from without are intolerable to the patient, he is deeply affected by them, he moans, groans, he becomes vehement, even unto rage.

Cocculus ranks on a par with Nux, when the gastric symptoms, such as : loss of appetite, aversion to any kind of food or drink, inclination to vomit and nausea unto fainting, bitter eructations, painful oppression in the pit of the stomach, and constrictive spasms in the abdomen in the direction of the inguinal ring, frequent, small, diarrhœic feculent evacuations, are accompanied by heat of the upper part of the body, chills of the lower limbs, cold feet, burning heat in the whole countenance, burning thirst, sudden attacks of violent anguish, &c. This remedy deserves consideration whenever typhus develops itself out of a severe illness, or is brought on by frequent chagrin. In this case it is indicated by frequent attacks of a disagreeable burning heat and redness of the cheeks, by evening exacerbations characterized by hot hands and a sensation of dry heat over the whole body, with nightly sleeplessness and delirium ; by frequent shiverings in the day-time, with great debility, obliging one to lie down ; great sensitiveness of feeling, extreme ill humour, depression of the vital energy, tremor of the limbs, paralytic immobility of the limbs, hemiplegia, sudden attack of anguish with shortness of breath and palpitation of the heart.

Arnica is a valuable remedy not only in typhus gastricus, but also in genuine typhus, if stinging pains

with pressure be felt in the head, especially the forehead, with frequent bleeding at the nose which does not afford any relief, with continuous general heat, external and internal chilliness, and unquenchable thirst during night. Arnica is likewise an excellent remedy in typhus stupidus, when the patient is entirely unconscious of himself, like one, whose brain has been violently concussed; the patient does not stir, nor is any delirium present.

China may prove useful for the following symptoms: tearing pains in the head with pressure, especially at night, accompanied with anguish, fear, uneasiness with subsequent sleeplessness, congestion of blood to the head with heat, fulness, vertigo, buzzing in the ears, hardness of hearing, pale, sunken countenance; dryness of the mouth, yellow coating of the tongue, slimy bitter taste, great desire for cold water; heartburn after eating but little, empty retching, cardialgia, constrictive flatulent colic deep in the abdomen, and pressing of the flatulence from within outward, with tension and anxiety below the hypochondria, and diarrhœic, slimy stools containing undigested food; white and turbid urine; oppression of breathing, especially in the evening, with uneasiness in the chest and a small, feeble pulse; general chilliness and rather cool extremities. All these symptoms, which are characteristic indications for China, point to a rather acute as well as slow typhus gastricus, and likewise to a difficult convalescence, arising from a depression of the vital forces by exhausting evacuations and secretions.

Digitalis likewise corresponds to a typhus gastricus. Even before the physician has thought of the disease, Digitalis is indicated by a constant desire to urinate, with scanty emission of a dark-brown urine, especially at night; the patient complains of dizziness and vertigo when rising. This condition of things, which is not very alarming of itself, frequently precedes the outbreak of the real typhus for days and weeks. The disease generally sets in with a painful stiffness in the

back and limbs which is most intense after dinner. Weight and indolence in the limbs easily supervene, requiring the patient to lie down. The first symptoms generally denote a depression of the vital energies, with slow, sluggish pulse. Characteristic and infallible indications for *Digitalis*, are: a yellowish complexion, constant desire to urinate, disturbing sleep, alternate chills and heat, burning of the head, face and ears, redness of the cheeks, anguish, excessive dread of the future; optical illusions; violent vomiting of bile, with crampy pains in the stomach sometimes relieved by eructations; painful pressure in the region of the liver, etc.

§ 78. The remedies which we shall mention in the following paragraphs, are no less efficient in the treatment of typhus than any of the preceding, and may have to be used in any variety and stage of typhus as the symptoms may require. In order to avoid the necessity of constantly recurring to the same remedy in describing the various groups of symptoms for which it may be required in the various stages and forms of typhus, we will mention at once the whole series of the symptoms to which the remedy corresponds in typhus generally.

Stramonium is particularly indicated by muscular spasms, spasms of the facial muscles, pharynx, especially when drinking or generally when swallowing, distortion of the eyes, tremor of the limbs, even of the tongue when protruding it. It will be found efficient in that form of typhus which is occasioned by spinal irritation; the fever increases to a great degree of violence with exacerbations at different periods of the day, especially in the afternoon and at midnight, accompanied with loss of consciousness, trembling, small, rapid, and frequently intermitting pulse. The delirium, if present, is generally of a bland character, a sort of unintelligible muttering; the patient is either in a state of sopor or sleeplessness; stool and urine are frequently retained. These symptoms denote evidently a typhus stupidus for which *Stramonium* has been

employed, with success. It may likewise prove useful in typhus erethicus. Closely related to Stramonium and useful in typhus stupidus, is

Hyosciamus. This remedy deserves attention when the fever has set in suddenly without any precursory symptoms, or perhaps with a sudden swoon (see *Veratrum*). In spite of the burning febrile heat of the whole body with evening exacerbations, without thirst, putrid taste in the mouth, red, dry tongue: the pulse is small, slow and weak. The patient tosses from side to side owing to the violent erethism of the nervous system, he has no sleep; if any sleep should take place, it is frequently disturbed with startings as if by fright, grinding of the teeth, profuse sweats, which disappear again as soon as the patient wakes and cannot, therefore, be considered critical; the skin is dry, parchment-like, the extremities are cold, the whole body feels weak and exhausted, there is great anguish as precedes the eruption of miliaria; the patient is entirely stupid and unconscious, or else there is muttering delirium, absurd talk and floccilegium. *Hyosciamus* is likewise suitable for the following symptoms: excessive wakefulness, subsultus tendinum, slight convulsive movements of the limbs; quick, full, and hard pulse, with distention of the veins all over the body, and burning heat; constant delirium with open eyes; desire to escape, without knowing why; rattling breathing, distortion of the features and eyes; demeanour as of a maniac; scanty emission of urine, which needs not to depend upon a spasm of the bladder, but may be occasioned by a diminished secretion; the involuntary emission of stools and urine during an absence of consciousness is no counter-indication of *Hyosciamus*, inasmuch as that phenomenon may occur in consequence of a paralytic weakness of the sphincter muscles, and of an entire absence of mind in the patient with consequent absence of all volition. These two symptoms hold a prominent rank among the physiological effects of *Hyosciamus* upon the healthy organism.

Opium is another valuable remedy in typhus. It is

particularly indicated by the following symptoms: loss of consciousness and sopor; the patient lies with open eyes, and is speechless; the limbs are rigid; the pulse is quick, full, and hard; the face is dark red, and puffed; the respiration laboured, snoring and rattling; all these symptoms afford an image of a true typhus stupidus (apoplecticus), Opium will be found efficient in that condition of the patient. If this condition have lasted too long, and a slow, feeble, intermittent pulse set in, and those parts which were bloated collapse, Opium will not do any good. Nor will any other remedy. Death will soon take place. If the patient should be lying with his eyes closed, without sleeping; if the hearing and taste of the patient should not have entirely disappeared; if the patient should still give a sign of life when spoken to; if there should only be the highest degree of sopor, without a complete paralysis of all the functions and organs: in such a case it might perhaps be possible to reanimate the vital energies and the mental powers. This result could only be accomplished by one remedy, which acts by exciting the olfactory nerves, it is Spiritus nitri dulcis, which should be applied to the patient's nose every minute at first, and afterwards less frequently, as the signs of a restored vitality increase. As soon as the patient's consciousness has returned, the Spiritus nitri dulcis ceases to do good, and Rhus, Nux, Belladonna, Pulsat., Acid. phosphoricum, or some other remedy will have to be employed.

Camphor has been employed with great success in typhus by many homœopathic physicians. By some Camphor has been found useful after Rhus, especially when the following symptoms occurred: violent delirium, hot and tight and dull head; cold, clammy skin, with colliquative sweats; great debility, inclination to diarrhœa. More particular indications for Camphor are the following: the febrile paroxysm sets in with a sudden loss of sense, falling down without consciousness, spasmodic stretching of the body, twitchings of the facial muscles, and shortness of breath. After these symptoms have disappeared, the

patient complains of a constrictive, beating headache, with burning hot forehead, cold hands and feet; the headache increases by every change of position; vertigo sets in, as if the patient would fall over, with loss of consciousness, weak and scarcely perceptible pulse; these symptoms are gradually followed by heat, which is first felt in the face, and then over the whole body, hands and feet remaining cold; loss of thirst; scanty and rare emission of turbid urine, depositing a thick sediment.

Cina is said to be very useful in typhus, since it has a powerful stimulating action upon the nerves of the abdomen. Cina corresponds most accurately to a worm fever, with typhoid symptoms; when such symptoms occur, Cina is probably of importance only in the commencement, when burning heat of the face, redness of the cheeks, increased desire for cold drinks, slight delirium, restlessness, tossing about, prevail, especially in the evening and at night; between the exacerbations the patient shows a sort of indifference to either agreeable or disagreeable things, although he calls for a good deal; he complains of a numb and stupifying pain in the head, with sensation as if the head were screwed in; this pain increases to such a degree that it causes convulsions and contortion of the limbs.

Hellebore has been recommended in typhus, which has developed itself out of some other disease; for instance: out of scarlatina, measles, cholera, gastric and worm fever, etc. Hellebore corresponds more or less to the following symptoms: internal chills in the evening, in bed, with burning heat over the whole body, especially the head, with glowing cheeks, absence of thirst, sometimes even aversion to drink. Particular indications for Hellebore are: the febrile symptoms which have been mentioned in the preceding paragraph, and which are accompanied by the following symptoms: bloatedness of different parts of the body, with heaviness in the same; sopor, with numerous fancies, and tossing to and fro; hypochondriac mood, and dulness of sense; the scalp feels bruised, with œdema of the whole body; dark, turbid urine.

Among the symptoms of Lachesis we distinguish the following typhoid condition: chilliness every evening, with drawing in the back, and in the lower limbs from below upwards; dry heat at night; loss of appetite and exhaustion. In a few days the following symptoms supervene: vertigo when sitting up in the bed; the eyelids feel paralyzed, and it is difficult to open them; bitterness in the mouth; simple pain in the chest and dry cough, tearing in the left thigh and back. After these symptoms have lasted some time, a soporous condition sets in after the patient has passed a very restless night, characterized by a sort of stupified lying on the back, from which the patient only wakes by shaking him violently, and talking to him with a loud voice; his tongue is very heavy when talking; sunken countenance, the lower jaw is hanging down; the pulse is seventy, soft, unequal; some sweat, with coolness of the legs and feet; the tongue is red, smooth, dry, and he protrudes it with great difficulty. He emits a copious quantity of brown-red urine.

Secale has been found efficient by several homœopaths in typhus arising from other diseases, as well as in that arising from an irritation of the spinal marrow. The patients gradually lose their appetite, desire to drink continually, especially cold water, are in a constant state of fever, which consists principally of dry heat, with hurried pulse; they are very restless, sleepless, debilitated; they complain of wandering pains in the back and small of the back, gradually assuming a spasmodic character, and flying from one part to another; those spasms are of a tonic character in the feet and hands, clonic in the facial muscles, with subsultus, tremulousness, jerks; the spasms in the muscles of the chest occasion asthma. Secale is a distinguished remedy in that stage of the fever; if repeated every two or three hours the spasmodic pains soon disappear, after which another remedy may be exhibited, unless the delirium and the fever should have subsided under the influence of Secale.

Lycopodium, of which mention has been made above, is not only applicable to a few single symptoms in typhus, but to typhus generally. It has been suc-

cessfully employed in those fevers when they were characterized by constipation, waking with ill humour, scolding, screaming, and various improper manners. Characteristic indications for *Lycopodium* are : nervous erethism, without heat of the head or redness of the face, circumscribed redness of the cheeks, great debility, sweats which do not relieve, and a red, dry tongue.

In order to enable the beginning practitioner of homœopathy to select *Lycopodium* with a tolerable degree of certainty, we shall try to define the group of symptoms for which *Lycopodium* is more particularly adapted. The *Lycopodium typhus* commences with a concealed chilliness which continues for several days, is worse towards evening, the skin being cold to the touch all over, and the sleep not being particularly disturbed by the coldness ; in a few days the chilliness gives way to a burning heat all over the body, accompanied with shortness of breathing, slight thirst, fulness of countenance, frequent startings from sleep, and vertigo when rising, as if everything turned in a circle. Gradually the sleep becomes more and more restless, disturbed with fancies and a number of confused dreams, occasioning a constant tossing about, shrieking, and waking ; the patient, even when of a mild temper, becomes irritable and sensitive, vehement ; tightness and dulness of the head, difficulty to think, selection of wrong words when talking, and a slight delirium supervene. The skin remains dry, even when the fever increases ; the tongue becomes dry, heavy, is painful as if burnt, without thirst, or but little desire for water ; the patient is extremely faint and debilitated ; frequent ineffectual urgings for stool make their appearance, accompanied with frequent but scanty discharges of burning, dark brown urine, especially at night. These fevers are always accompanied with shortness of breath, congestion of blood to the chest, palpitation of the heart.

Natrum muriaticum has likewise been recommended in typhus characterized by weakness, dryness of the tongue, and great thirst. Characteristic indications

for *Natrum mur.* are : typhus following upon exhausting diseases ; typhoid symptoms may be prognosticated when the patient is unable to recover his strength, complains of bruised feelings in the limbs, depriving him of his night's rest by arresting as it were the breathing ; extreme mental and physical debility, continuous febrile heat, with evening exacerbation ; quick, full pulse ; hurried, oppressed breathing ; constant palpitation of the heart, with anguish, headache, as if the head would burst, especially in the forehead, with such a violent throbbing in the forehead that the patient sometimes loses his senses and becomes delirious ; the complexion is livid, the tongue dry and heavy, so that he is scarcely able to talk ; aversion to food ; a good deal of thirst—which, when quenched, occasions a distention of the abdomen, and a good deal of rumbling and cutting in the bowels, sometimes even an inclination to vomit, and small watery stools ; there is a copious secretion of urine, which deposits a brick-dust sediment.

§ 77. Some physicians have recommended Sulphur in the treatment of typhus. In our opinion Sulphur ought only to be given for the purpose of restoring the susceptibility of the organism to the action of one or the other of the remedies which we have indicated for typhus. In this respect Sulphur acts like Opium and Mercury, and should be employed when the following indications for its use are present : the typhus is a consequence of some acute cutaneous disease ; or the patient has been affected in former times with some chronic cutaneous affection ; it is likewise useful when *Pulsat.*, *Merc.*, and *Nux.*, although they seemed to correspond to the symptoms, had no effect, or when the action of the specific remedies is prevented by the abuse of spirits to which the patient was addicted previous to his illness. Sulphur is likewise indicated when the patient is of a scrofulous habit and had been complaining of pains in the limbs previous to the invasion of typhus ; it may also be usefully employed when a violently burning miliary eruption frequently makes its appearance in one or the other part of the

body during the course of the disease ; or, finally, in gastric fevers with typhoid symptoms. More particular indications are the following : continuous profuse sweats which afford no relief ; the sleep at night is disturbed with fanciful ravings ; even when the patient wakes the fancies continue to crowd upon the patient, the head feels dizzy and benumbed, which the patient is unable to account for ; he is extremely timid, inclines to start, is out of humour, and easily vexed ; hardness of hearing ; sunken eyes surrounded with blue margins ; pale and wretched complexion ; dry and chapped lips ; dry, parched, bright-red tongue ; and taste as of blood in the mouth ; Sulphur is, moreover, characteristically indicated by the painfulness of the abdomen to the touch, with sensation as if it were sore and raw inside ; there is no diarrhœa, but sometimes such a violent urging that the stools frequently pass off involuntarily ; this same statement applies to the urine which is very rarely of the same colour, and generally changes in colour from time to time.

Spigelia, Digitalis, and the Muriate of magnesia, afford in many cases essential benefit in treating the ailments which often remain after typhus. We have already spoken of Digitalis. Magnesia muriatica removes the pains as if bruised all over, the great debility and weight of the limbs, the ill humour consequent upon that condition of the limbs, especially when occurring in individuals whose nerves are weak even in a state of health ; the restless sleep at night which is frequently disturbed by anxious dreams, nightmare ; the sensation of oppressive weight in the head, which frequently lasts a long while, and is accompanied with vertigo and a dull and dreary feeling.

Spigelia corresponds more particularly to the feeling of weakness in the reproductive organs, without, however, being an exclusive remedy for that condition. Characteristic indications for Spigelia are : great debility after the slightest exercise ; sad and desponding mood, accompanied with a pressing pain in the forehead from within outwards, which extends deep into orbits especially when stooping forwards, and appears

with increased violence every other day; the acid taste in the mouth with painful fissures in the tongue; the complete aversion to smoking; excessive appetite and great thirst; the painful pressure in the pit of the stomach, which makes every least pressure from without unpleasant, and is accompanied with palpitation of the heart and anxious oppression of the chest; the feeling of fulness in the abdomen even after a moderate meal, with rumbling in the bowels and papescent stools.

§ 78. We shall conclude the chapter on typhus and typhoid diseases by a few cursory remarks on certain forms of typhus, which we have not yet had an opportunity to treat in our country (Germany), and the probable remedies of which we will point out with a few broad indications.

Before proceeding we will state, that it is exceedingly bad practice to change the remedies every six or twelve hours, as some physicians do, who get frightened, if they do not see an improvement in that time. Typhus, if it should have fully set in, cannot be cut short by a remedy, and all that the physician can do, is, to cure the patient. It is therefore advisable to repeat the remedy, provided it has been chosen with all possible care, until an improvement takes place in the symptoms; if the patient should get worse, this would be positive evidence that the remedy was not homœopathic to the disease. If the symptoms do not get worse, this may be considered an improvement in typhus; it would be indiscreet to give another remedy under such circumstances with a view of hastening the cure; we might perhaps destroy the good effects which we had so far obtained by our treatment. A frequent change of remedies is only justifiable in case the symptoms should vary frequently, provided always that the changes in the symptoms are no medicinal aggravation. The physician who conducts the treatment has to decide about that. If he should not clearly recollect the physiological effects of the remedy, let him either refresh his memory, or else wait three or four hours before prescribing a new remedy. At the end of that period the disease will have taken such a

turn as will either justify or condemn the selection of the last remedy. Should the frequent changes in the symptoms constitute regular paroxysms, the physician would then have to select among the following remedies, the principal of which we shall name first: *Ars.*, *Carbo veg.*, *Veratrum*, *China*, *Nux*, *Cocculus*.

A good deal is said about pneumo-typhus as a particular disease, without considering that the inflammatory process in the lungs frequently takes place in company with the typhoid, and that the known hypostasis, which is going on in the lower lobes of the lungs in every typhoid disease, sometimes increases to a real pneumonia, in which case the inflammatory symptoms are more marked than those which properly belong to the typhoid process. The treatment is the same as that of pneumonia typhosa, of which we shall treat hereafter.

As regards diet, the patient ought to live on thin gruel, soups made of salep, sago, oat-meal, &c., light and easily digested meat, such as pigeons, capons, chicken, &c., light vegetables, and even bread and a little butter, if the patient should have any desire for it. The patient may eat fruit, raw and boiled; his drink should be boiled milk, toast-water with a little mulberry, raspberry, althea or cherry-juice. The patient may likewise drink buttermilk, which will not injure him in the least. There is scarcely a disease, where the desire of the patient for one or the other kind of food ought to be regarded with more care, than in typhus, especially if the patient desire acid things. The temperature of the room should be the same at all times, rather cool, and the patient should not have too much covering. The room should be kept perfectly quiet, as every impression, which the patient receives from without, tends to irritate his brain and furnish new food to his ravings. It is of the utmost importance, that the patient should be kept clean, and the room should be aired from time to time, without, however, exposing the patient.*

* We recommend our readers never to allow recovering typhus patients any raw fruit; for a fortnight after the cessation of the fever, the diet should

§ 79. *Typhus putridus, febris putrida.* *Fever with decomposition of the animal matter.*

Typhus putridus sometimes sets in as an epidemic fever; in which case it becomes a primary disease which is engendered by a putrid contagium; most frequently, however, typhus putridus develops itself out of an acute fever, and more particularly out of typhus; it may likewise arise from every other kind of fever, even from an inflammatory, by the patient being kept too hot, or in uncleanness, vitiated air, etc. In men who are affected with some morbid dyscrasia, the scorbutic diathesis, or who have been poisoned with Mercury.

The fundamental character of typhus putridus is an excessive depression of the vital forces with disposition to putrid decomposition. Without mentioning again the general characteristic symptoms of typhus, which are the same in all the varieties of that disease, we will content ourselves with simply mentioning those which belong to typhus putridus exclusively; they are: quick, small, soft, easily compressible pulse; calor mordax, the hand, when touching the patient, experiences a disagreeable, pungent, burning, prickling and stinging sensation, which increases as the contact is prolonged and leaves a similar sensation behind for some time; internal chilliness occasionally, or shiverings creeping over the skin; the breathing is generally calm, no thirst; great anguish, despondency, indifference, insensibility. Characteristic indications are, likewise: putrid, cadaverous smell of the breath, of the exhalations from the skin, and of other secretions; petechiæ; profuse, oily, clammy sweats; turbid, dark urine, colliquative diarrhœa, hemorrhages from every orifice of the body, decubitus, tendency to gangrene; the blood which is evacuated does not decompose itself into cruor and serum like healthy blood, but forms a pappy mixture.

be extremely simple, although the patient need not starve; butchers' meat, stimulating drinks, potatoes, celery, radishes, and the like, should not be used. Some physicians, who are even very clever in other respects, are not sufficiently careful in regulating the diet of their patients.—HEMPSEL.

§ 80. The treatment of these fevers, whether primary or consecutive diseases, is very seldom successful. The existing symptoms do not so much point to certain remedies as to a decomposition of the fluids and more particularly the blood.

The fever is not a putrid typhus, as long as symptoms of decomposition have not made their appearance. Even if the putrid state should set in as a primary disease, there are precursory symptoms denoting a gastric, bilious, pituitous, or typhoid state, and requiring a treatment such as has been indicated for those conditions.

The following remedies are principally indicated for that variety of typhus: Arsenicum, Arnica, Carbo veg. and anim. ; Kreosot, Acidum phosp. and muriat. ; China, Ipec., Mercur., Mercur. dulcis, Rhus, Bellad., Nux vom. and moschata, Hyosc., Opium, and sometimes perhaps Camphor and Cuprum.

Arsenic is probably preferable to every other remedy when the disease has reached its worst stage, when the patient complains of burning heat, great anguish and restlessness, when petechiæ, aphthæ and profuse colliquative secretions are present. Arnica may be of use when profuse and frequent hemorrhages take place, and great thirst, headache, yellow countenance and loss of appetite are present. The two varieties of Carbo ought to be tried when the blood is entirely decomposed, when stupor and raving are present, with cold sweat of the face and limbs, hippocratic countenance, small, scarcely perceptible pulse, great distention of the veins, and especially, if such a fever occur after the excessive use of China. Kreosot may be of service when the patient complains of an excessive debility in the limbs, and when a racking, painful cough from the inmost parts of the chest is present, accompanied with a sensation of warmth which rises into the throat; and lastly, when the patient complains of a painful pressure on the top of the head which is aggravated by contact. The two acids correspond particularly to the colliquative stage. China is indicated at the commencement of the disease by hemorrhages, yellow skin and countenance, excessive,

debility and pain in the limbs. Ipec. and Hyosc., may likewise be indicated at the commencement of the disease when the symptoms which have been described last, are accompanied by spasms. Rhus and Belladonna are preferable to all other remedies when the nervous system is principally involved in typhus putridus. Opium should be employed when the irritability of the organs is entirely gone, provided the other symptoms correspond. Nux is the remedy when the disease sets in with excessive debility and the gastric and bilious symptoms such as: livid complexion, bitter and putrid eructations and taste, yellow coating of the tongue, constipation, are predominant. Nux moschata is more particularly indicated when putrid debilitating diarrhœa and bloody expectoration are present. Mercurius is to be administered when the nervous system is very much excited, when there is a tendency to profuse sweats and putrid decomposition, accompanied with great painfulness of the region of the liver, the epigastrium, and pit of the stomach. Mercurius dulcis is indicated by similar symptoms, when the process of decomposition has reached its acme. We have no other reason for recommending Camphor and Cuprum except that these two remedies have been employed with success in Cholera, from which we have, perhaps wrongly, inferred that they might likewise prove useful in typhus putridus.

§ 81. *Typhus contagiosus, bellicus. Hospital or jail fever.*

This typhus is characterized by the symptoms of the ordinary typhus or the typhus putridus, and is propagated by a contagium. At first it is of an inflammatory character, the typhoid symptoms only setting in afterwards with tendency to exanthema, whence the fever is also termed *petechial fever*.

The treatment is pretty much the same as that of typhus and typhus putridus. The principal remedies in typhus petechialis are probably Bryonia, Rhus, Arsenicum.

Dietetic rules.—Every contagium being increased by

excessive warmth and becoming so much more poisonous as the temperature of the sick room is kept above the proper standard—the thermometer in a sick room should never be above 67° Fahrenheit. To have this temperature in the summer season, vessels with cold water should be constantly kept in the room and the room should be frequently sprinkled. The patient should rest upon a mattress, and should be but lightly covered.

The patient must be kept clean; the room is to be frequently aired and only one patient should be in a room at a time. The contagium is increased by several patients being confined in the same room. Among the means which have been recommended for the destruction of the contagium, the best is undoubtedly a frequent renewal of air by means of a current passing through it; the patient has to be guarded against that current, of course.

§ 82. *Typhus pestilentialis.*

We know nothing of the treatment of this disease, and shall, therefore, content ourselves with stating the characteristic symptoms.

The pest is propagated by contact, never by the air. Its principal phenomena are: buboes and anthrax, that is, inflammatory swellings of glands, with tendency to gangrene which sets in with great rapidity, especially in the axilla and the inguinal region; petechiæ, ecchymosis, violent fever, anguish, excessive vomiting, the brain is greatly involved; all the secretions have a putrid smell and the prostration of the patient is excessive.

The following remedies might perhaps be proposed as corresponding more or less to the symptoms: *Vera-trum*, *Arsenic*, *Acidum hydrocyan.*, *Lauroc.*, *Kreosot*, *Quinine*, *Lachesis*, etc.

§ 83. *Typhus icterodes. Yellow fever.*

This disease arises from some endemic miasm. Its symptoms are: yellow colour of the skin, violent vomiting of black substances, black stools, great anguish,

debility, violent fever. The course of this fever is very rapid.

The following remedies may perhaps be of use; Arsenic, Digitalis, China, Nux, Crotalus, Bryonia, Sulphur, etc.

§ 84. *Typhus lentus. Lentescient typhus.*

This kind of typhus is a primary, idiopathic disease, which does not depend upon any local affection, and may be occasioned by various causes.

The essential character of the disease is great nervous debility and prostration of all the functions. It developes itself slowly, sometimes for months, without any inflammatory symptoms. Sometimes it sets in as a sequel of an acute fever, inflammatory typhus; or it may arise from excessive physical and mental exertions, venereal excesses, onanism, great loss of blood, chronic hemorrhages, and blennorrhœa. The symptoms of such a fever are: small, quick, variable pulse; changeable urine; chilliness and coldness more frequent than heat; no sweat, or only evanescent sweat; cerebral symptoms; spasms; hypochondriac mood, which is greatest in the morning and before breakfast, when the patient feels worst; the fever is less after dinner, and then the patient feels better; these last symptoms distinguish the lentescient typhus from a hectic fever which depends on local causes.

§ 85. The treatment of slow typhus does not essentially differ from that of ordinary typhus. The following medicines will be found the most efficient: Cocc., Camph., Acid. phosph., Phosphorus, Lycop., Ignat., China, Ipec., Arsenic., Verat. alb., Plumb., Mercur., Helleb. niger, Digitalis, Conium, Cuprum, Stannum.

If the disease arise from care and chagrin, a small dose of Acidum phosph. is the most certain remedy (according to Rummel it may, in that case, be given alternately with Arsenic); if it arise from grief, one or two doses of Ignat. 18 will cure it.

Cocculus is an excellent remedy, if the disease be occasioned by frequent vexation and irritation of temper; the symptoms being as follows: frequent evan-

escent attacks of a disagreeable, burning heat, and redness of the cheeks ; evening exacerbations characterized by hot hands, sensation of dry heat all over the body, sleeplessness at nights ; or frequent shiverings in the day-time accompanied with great debility, so that the patient is obliged to lie down ; the patient is very sensitive and irritable.

Repeated doses of Camphor may be administered when the temperature of the skin is very low, and the patient is very weak and not very sensible.

Ipecacuanha is undoubtedly one of the most distinguished remedies in this disease ; it ought to be repeated frequently.

Veratrum, not too high, is an excellent remedy when the febrile paroxysm sets in at times in the evening, at times in the morning, with redness and heat of the face, heat of the hands, intermingled with febrile shiverings and accompanied with great despondency ; between the paroxysms the body feels cold, and a cold sweat makes its appearance, at least upon the forehead, the patient being, moreover, very weak and listless.

Helleborus niger is indicated by the following symptoms : constant chilliness of the whole body with cold hands, burning heat internally, the head feels dull and stupid ; the patient complains of drowsiness, heaviness and debility of the feet, stiffness of the knee-joints. These symptoms occur when out of bed ; as soon as the patient lies down he feels hot and sweats, without thirst.

China, Arsenic, and Digitalis, have been mentioned in detail in the chapters on typhus.

SIXTH CLASS.

INTERMITTENT OR CHRONIC FEVERS.

§ 86. *Intermittent fever. Fever and ague.**

It is very difficult to establish general rules for the treatment of intermittent fever. The type of the fever, the peculiarities of the chilly and hot stages, of the sweat and thirst, are not the only indications for the selection of a remedy; the character of the apyrexia has likewise to be considered and will differ in different patients. This is one reason why we should only be able at the bed-side of the patient to determine what remedy we shall use in the case. A second reason why the indication of specific remedies for intermittent fevers is difficult, is that they rouse, more readily than any other affection can do, the dyscrasia which may be latent in the system; this then combines with the fever and impresses upon it a peculiar character. There are other diseases which either set in with or acquire an intermittent type (diseases where no vascular erethism is present, but the intermittent character of the disease is evident); in these diseases the remedy has likewise to be chosen at the bed-side of the patient. These and similar difficulties shall not deter us from communicating the following remarks relative to the treatment of intermittent fever; they will perhaps aid the beginner in homœopathy in selecting proper remedies for the cases which he may be called upon to treat.

§ 87. Intermittent fevers might be considered synochal fevers, inasmuch as great vascular irritation is present in every case of fever and ague. The difference between those two classes of fevers is simply this, that a synochal fever has only one paroxysm, whereas an intermittent fever consists of a succession of synochal paroxysms with intermitting type. This state-

* See the excellent treatise on the treatment of intermittent fever, by Dr. Hartlaub in Hartlaub and Trink's Annals, Vol. III. (This treatise will be published in one of the next numbers of the Examiner.)

See also Bœnninghausen's treatise on the treatment of intermittent fever, translated by Charles J. Hempel, M.D. This is a practical essay and absolutely necessary to a physician who wishes to treat intermittent fever with success.

ment only refers to pure intermittent fevers; if such a fever should possess some of the characters of synochus or typhus, it belongs to the class of complicated intermittent fevers, for which it is much easier to discover a specific remedy than for simple fevers of that class.

An intermittent fever is recognised and its character determined by the periodicity of the paroxysms and the intermissions, the only two essential and characteristic phenomena in intermittent fever. The paroxysms and the intermissions themselves are so various that it is impossible to give a detailed account of the symptoms. In some fevers the paroxysms consist merely of heat; in others of coldness, with or without subsequent sweat; there are fevers with coldness all over the body, the patient nevertheless feeling hot to himself, or he experiences chilliness although the skin is hot to the touch; there are fevers where one paroxysm consists of a mere chill or coldness followed by a feeling of health, the other of heat followed by sweat or without sweat; in some fevers the heat comes first and the chilliness afterwards; in others the chilliness and heat are followed by a long intermission, after which sweat breaks out, which may be considered in the light of a second paroxysm; there are fevers where no sweat is present, others again where sweat constitutes the paroxysm without heat or chilliness, or where the sweat is only present during the heat. There are many more peculiarities, especially as respects the accompanying symptoms, headache, bad taste, nausea, vomiting, diarrhoea, absence of thirst or else violent thirst, pains in the bowels and limbs, sleep, delirium, temper, spasms, etc., before, during, or after the chilliness, heat, or sweat, not to speak of a number of other characteristic differences. The characteristic appearances of the intermission should not be neglected by the physician, particularly if the paroxysm should not be well marked, in which case the apyrexia will be characterized by symptoms which do not generally exist after a paroxysm.

The general symptoms of fever and ague are: chil-

liness, heat, and sweat, recurring at regular or irregular periods, followed by the appearance of a red, brick-dust sediment in the urine ; during the apyrexia the patient feels more or less comfortable and the pulse is normal. Most frequently the paroxysms recur at regular periods, every twenty-four hours (*quotidianæ*), forty-eight (*tertianæ*), seventy-two (*quartanæ*), etc.

We know very well that modern pathologists do not number intermittent fevers among the febrile diseases. Various affections may be distinguished by a regular intermittent type without having a febrile character. Such intermittent diseases originate in the peripheral nerves, not the vascular system, which is affected secondarily on account of the intimate relation existing between those nerves and the blood-vessels ; hence it is that intermittent diseases are now termed ganglionic, cerebral or spinal intermittent. Nevertheless we have preferred treating this class of diseases as usual, pointing out their characteristic peculiarities as much as was necessary and occupying ourselves principally with their homœopathic treatment.

The duration of an intermittent fever is very uncertain, from one week, to several weeks or even months. In no disease there is a greater disposition to relapses than in intermittent fevers ; in a quotidian a relapse takes place on the seventh day, in a tertian on the fourteenth, in a quartan on the twenty-eighth after the cessation of the last paroxysm. A relapse may be anticipated if a feverish feeling should remain in the system ; if the feverish colour should remain on the cheeks ; if the strength of the patient should not increase with his appetite ; if the last paroxysm should be like the first ; if at the time when the paroxysms used to occur, slight chills, a drawing and stretching of the limbs, continual yawning, irritated pulse, changeable urine, should make their appearance. Relapses are frequently brought on by moral causes, slight errors in diet, by eating milk, eggs, fish, etc. ; by changes of temperature, walking along the water, continual use of cold drinks, etc.

An intermittent fever is not of itself a dangerous

disease, but it may become so by concomitant symptoms ; a long duration of the fever may occasion a peculiar cachectic state, dropsy, nervous affections, etc.

Exciting causes are : low marshy regions, stagnant waters ; atmospheric miasmata occasioning epidemic intermittent fevers ; colds and wet skin, lying upon a cold soil or floor ; excessive use of cold water, heavy dishes of flour, acid fruit containing a good deal of water, fish.

§ 88. It is important to give the remedy immediately after the paroxysm. If the apyrexia should be very short or some of the symptoms of the paroxysm should remain during the apyrexia, the medicine should be administered when the sweat commences to abate or the symptoms which usually appear in the wake of a paroxysm begin to disappear. It is likewise expedient to repeat the homœopathic specific a few hours before the next paroxysm.

The treatment of intermittent fevers is not as easy as it would seem at first sight ; every case of intermittent fever has to be examined independently of any other case, for this reason, that almost every case differs from the other, even in an epidemic intermittent. In every case of intermittent fever the character of the chills, heat and thirst (not so much the sweat) has to be minutely inquired into ; next to that the concomitant symptoms and the symptoms of the apyrexia, especially those which remain from the paroxysm. The type scarcely ever determines the selection of the homœopathic agent, since any type can be controlled by it, provided it is otherwise homœopathic to the symptoms. Puls., Ipec., Nux, etc. are most suitable to quotidian, and Arsenic to quartan intermittent fevers ; still they will remove fevers with any other type, provided the symptoms correspond.

A writer in the Archiv advises in some fevers to give four doses of Ipec. at equal intervals, and a dose of Nux in the next apyrexia.

The endemic intermittent fevers of marshy regions are most speedily removed by a few doses of China,

higher potencies. If this kind of fever should not yield to China in persons who have sufficient exercise and otherwise live carefully, the cause is to be found in the psora having become roused from its latent state ; all such cases require an antipsoric treatment.

Some very experienced homœopathic physicians administer a few doses of Aconite, higher potencies, a few hours previous to the paroxysm if it be violent. This proceeding is not irrational, as every paroxysm partakes more or less of the character of a synochal or erethic fever and is most readily controlled by Aconite.

The principal remedies against intermittent fever are : China, Quinine, Ars., Verat., Arnica, Ant. cr., Nux, Bell., Cocc., Caps., Carbo veg. and anim., Canthar., Ignat., Lach., Puls., Sabad., Sepia, Dig., Bryo., Dros., Dulc., Natr. mur., Lyc., Staphys., Sulph., etc.

China corresponds more or less to the following symptoms ; no thirst during the chilly stage, thirst between the chilly and hot stage ; China is not suitable when thirst is present in the hot stage ; if thirst be present during the hot stage of a China-intermittent, the heat ought simply to be a burning or dryness of the lips which require moistening, but no real thirst is experienced by the patient. If the thirst set in after the heat, or during the sweaty stage, China is the remedy. China corresponds, if the fever should commence with a secondary symptom, such as : palpitation of the heart, anxiety, frequent sneezing, nausea, great thirst, canine hunger, oppressive pain in the abdomen or head ; or if the veins should become distended when the head feels hot, or when the temperature of the body is slightly raised, or when the patient merely feels hot to himself and not to others, or when the skin feels hot to others. China is moreover indicated by congestion of blood to the head, redness and heat of the face, generally accompanied with chilliness and coldness to the touch of the extremities, or by heat of the face which is perceptible only to the patient, the face feeling cold to the hand, with cold sweat on the forehead.

Nux, together with Verat., Bryo., Bellad., Coc.,

Puls., deserves consideration when the bowels are confined, or when gastric or bilious symptoms make their appearance in consequence of gross errors in diet ; or when nervous symptoms set in in consequence of the spinal marrow being more or less irritated. Nux has so far proved most useful in quotidian and tertian fevers, which make their appearance in the afternoon, evening or night, consisting of alternate chilliness and heat, with great desire for beer ; aching pain in the forehead, vertigo, nausea, bitter taste and eructations, spasms of the stomach, great weakness, all these symptoms setting in even at the commencement of the paroxysm. In intermittent fevers, accompanied with bilious and gastric symptoms, Cham., Ant. cr., and Puls. are on a par with Nux, (see the chapter on bilious and gastric fevers). Nux is highly important in some kinds of the so-called apoplectic intermittent fevers, with vertigo, anguish, feverish shiverings, a peculiar kind of delirium, consisting of vivid and sometimes frightful visions, and occasioning a tightness in the region of the stomach, typhoid and febrile symptoms being intermingled. Nux will prove serviceable in fevers where the following symptoms set in in the very commencement of the attack : paralytic weakness of the limbs, debility in the knees and feet, excessive weariness, tremor, sudden failing of strength, swoons, vertigo, with vanishing of the senses, giddiness and weight of the head as in a state of intoxication, desire to lie down ; troublesome, anxious breathing, palpitation of the heart, fear of death, qualmishness, shiverings, followed by anxiety and warmth ; warm cheeks, with internal shiverings ; the face feels hot, with shiverings over the rest of the body ; heat in the head, with coldness of the body ; burning in the eyes, without any inflammation being present ; tearing, beating, stinging headache, increased by walking, and by the open air ; loss of appetite, aversion to bread ; bitter and sour eructations ; fancies in the night in a state of half sleeping or waking ; furious delirium ; burning, itching rash, and a burning itching of the whole body.

The exhibition of Belladonna depends, like that of

Nux, more upon the concomitant symptoms than upon the character of the paroxysm itself. Belladonna being a great remedy for diseases which return periodically, it must be of great use in curing the regularly recurring painful paroxysms of fever and ague, where the chilliness is but slight, the heat is sometimes accompanied with chills, sweat and thirst are moderate, and the patient drinks merely for the purpose of relieving the dryness of his mouth and fauces. Belladonna is sometimes suitable in a quotidian intermittent, when the paroxysms are accompanied with the following symptoms: violent headache, with vertigo; hallucinations, redness of the eyes, nausea, vomiting, constipation, chills, or simple chilly creeping over the skin, with thirst without any considerable heat afterwards, moderate increase of the temperature of the skin, sweat. Bellad. deserves consideration in fevers of long standing, or in those which had been suppressed by Quinine and have returned afterwards, with swelling of the liver and spleen, incipient dropsy, derangement of the digestive powers, and violent headache during the paroxysm.

Veratrum is useful in fevers consisting simply of external coldness, or mere internal heat, with dark urine; or when a warm sweat is present all over the body, or only on the forehead, which soon becomes cold, and is accompanied with vertigo, nausea, excessive pain in the small of the back and back.

Cina, tincture, is the best remedy for fevers, commencing with vomiting of food, and subsequent canine hunger; or where the chilliness is accompanied with thirst.

Fevers, where vomiting of mucus is present during the cold stage, with moderate thirst both in the hot and sweaty stage, mucous stools in the apyrexia, with constant nausea and loss of appetite, are cured by Pulsatilla. Antimonium cr. is closely related to Puls.; it is particularly distinguished when the sweat sets in with the heat and disappears speedily, dry heat remaining, with constant thirst and various gastric symptoms, such as: want of appetite, eructations, nausea, aver-

sion to food, vomiting, coated tongue, bitter taste, tightness and pressure in the stomach, pain in the chest.

Cocculus removes fevers with the following symptoms in the apyrexia: obstinate constipation, spasms of various kinds, especially of the stomach, paralytic weakness of the small of the back.

Arsenic is a great remedy in intermittent fevers, when neither the chilliness nor the heat are well marked, or they appear alternately or simultaneously; or when the heat is burning and unpleasant even to the hand, accompanied with anguish, great restlessness, and an unquenchable thirst; or when the chilliness sets in principally in the afternoon or evening, followed by dry heat at night or towards morning, then sweat. Arsenic is the best remedy when at the time of the paroxysms unimportant existing symptoms become much more violent, or when those symptoms set in previous to the paroxysm, or when symptoms appear during the paroxysm which do not seem to belong to it, such as: violent anguish, buzzing in the ears, tearing in the bones and limbs, tremor in the limbs, paralysis, syncope, etc. The chilly stage is preceded by ill feeling through the whole body, with stretching of the limbs and drawing in the same; yawning, debility, inclination to lie down, headache, vertigo with stupefaction, confused feelings in the head, with inability to collect one's senses. Between the chilly and the hot stage, the following symptoms make their appearance: debility and sleep; vertigo, thirst, hickup, anxiety, nausea, vomiting of bile, diminution of the pains. During the apyrexia: hickup, pressure in the forehead and temples, with frightful dreams; bruised feeling in the limbs.

Arsenic is moreover suitable in fevers with the following symptoms: inclination to vomit, or bitter taste during the chills; no taste, or the taste is not constantly bitter and spurious, the bitterness existing only for a short while during or immediately after a meal; excessive vertigo, nausea, tremor, sudden prostration of strength; frequent drinking, but little at a time; the sweat sets in a little while after the heat, or not at all; intolerable pains and anguish about the heart.

Bryonia corresponds to quotidian and tertian fevers, whose paroxysms set in early in the morning, preceded by vertigo, oppression and pressing pain in the forehead, coldness and chilliness being more prominent than heat; thirst during the chilly and hot stage, dry cough, with stinging in the chest, asthma, nausea, and gagging, pale countenance.

Ipecacuanha will be found useful when the chilly stage is moderate and short, the heat is very great, and thirst is present only during the cold stage; the heat is frequently perceived only about the head, in which case the cheeks are red, accompanied with dilatation of the pupils, feeling of mental and bodily prostration, and constrictive tightness of the chest.

Opium is useful in soporous intermittent fevers, characterized by snoring, convulsive movements of the limbs, constipation, warm sweat.

Sabadilla corresponds to fevers of any type which set in at the same hour, without either anticipating or postponing; the chilly stage is short, followed by thirst, then heat, or the fever consists of mere coldness; during the apyrexia a slight chilliness is constantly present, a troublesome, oppressive distention of the stomach, with want of appetite; nightly, dry cough, pains in the chest, violent oppression of breathing.

Ignatia is suitable to any type, and corresponds to the following symptoms: the coldness yields to external warmth, or some parts are hot, others cold, chilly and shivering, or the heat is merely on the skin, without thirst; thirst during the chilly, but not the hot stage; or the paroxysm is accompanied by dulness and confusion of the head; pains as if bruised in the right side of the occiput, pressure in the pit of the stomach, great debility, pale countenance; dry, chapped lips, white tongue, deep sleep, with snoring, nettle-rash, appearance of the thirst after the fever.

If the continuance of the fever depend upon a roused psora, *Carbo veg.* will prove useful when the following symptoms are present: previous to the paroxysm—throbbing in the temples, tearing in the teeth and bones, stretching of the limbs, cold feet; during the chills—

thirst, blue nails, great debility; during the heat—sweat, absence of thirst, headache, vertigo, red face, obscuration of sight, nausea, pain in the stomach, abdomen or chest; oppression of the chest, pain in the lower limbs; the headache continues a long while after the fever. Carbo veg. is most suitable to tertian fevers, but it has likewise been employed with advantage in quotidian and quartan fevers, and in fevers which reappear after having been suppressed by large doses of China.

Caps. is related to Carb. v., and may be administered in quotidian and tertian fevers, and in fevers recurring after an abuse of China, the following symptoms being present: prevalence of the chilly stage, during which the patient is tormented by great thirst, there is no thirst, or only very little, during the hot stage, heat and sweat appear together. During the chilliness the patient complains of anxiety, restlessness, inability to collect the senses, intolerance of noise, headache, ptyalism, vomiting of mucus, painful swelling of the spleen, pain in the back, tearing in the limbs, and contraction of the same; stinging in the head during the hot stage, accompanied with bad taste in the mouth, cutting colic, with ineffectual urging, pain in the chest and back, tearing in the limbs.

Natrum mur. is suitable to the same class of fevers as Carbo and Capsicum. They are characterized by pains in the bones, pain in the back, headache, great debility, yellow, livid complexion, bitterness in the mouth, ulceration of the corners of the mouth, loss of appetite, pressure in the pit of the stomach, with painful sensitiveness to contact. The chilly stage is moreover characterized by shortness of breath, yawning, drowsiness, thirst; thirst during the heat, with a good deal of violent headache.

Rhus is a remedy for fevers which arise from the skin having got wet in a shower. The paroxysm itself is not characterized by any remarkable symptoms; the accompanying symptoms, however, are of importance, such as: convulsions, tingling in the ears, hard-

ness of hearing, dry coryza, sleeplessness with restlessness and tossing about, thirst at night, nettle-rash, gastric symptoms. The chilliness is sometimes characterized by pains in the limbs, headache, vertigo, inclination to vomit.

Chamomilla, Mezereum, Sulphur, Sepia, Tartar emet., etc., are likewise suitable to the cure of intermittent fevers, the latter remedy particularly when sopor is present during the paroxysm.

We will conclude this chapter with the description of a few cerebral symptoms, recurring at regular intervals. There is a peculiar kind of headache which is felt in the morning after waking; upon rising it becomes centred in the right frontal protuberance, increases to a pressing burning, as of an incandescent coal; it extends down to the eye, and about noon it has become so violent that the patient has to lie down. The pain diminishes after 11 o'clock, and the patient feels entirely well again at 1. This headache yields to one or two doses of Carbo veg.

A headache on one side of the head, which recurs every three days, with excessive sensitiveness of the scalp in the morning, commencing with a feeling of coldness in the limbs, and preceded by sleeplessness and general sweat, yields to pretty large doses of Quinine, one every three or four hours.

Repeated doses of Bellad. 2, 3, will remove a headache which seems to be seated in the glabella, and feels like an oppressive weight; it is aggravated by meditating and fixing one's attention, the vessels in that region become distended, the place itself becomes red, an inability to collect one's senses, languor of the mind, and complete aversion to life supervene; these symptoms disappear by keeping perfectly quiet, and in the afternoon the patient feels well, and the mind is easy.*

Tartaricum emet. is a good remedy in intermittent fevers when the paroxysm is accompanied with sopor;

* Spigelia is a specific for an aching over the eye, with soreness of the eyeball. I have cured such headaches, even when of years' standing, with a few doses of the first attenuation.—HEMPFL.

also Chamomilla, Spongia, and Plumbum. If a psoric miasm should have been roused by the fever, complicating the fever, and rendering it very obstinate, the antipsorics have to be employed against it: Tinct. sulph., Lycop., Amm. mur., Calc. carb., Sepia, Calc. sulph. (Hep. sulph.), and others.

§ 89. *China cachexia.*

A China cachexia is an intermittent fever which has been treated with large doses of Quinine, without getting well, and has become complicated with the symptoms of a China poisoning.

A China cachexia requires the greatest discretion and circumspection on the part of the physician. It is a threefold complication of disease: the original fever which is scarcely yet recognizable, the morbid disposition originally existing in the organism, and having become roused by the fever, and the poisoning by the drug. The first thing to be done is to remove as much as possible the effects of the China, in order to obtain a distinct image of the original disease. Those effects cannot be expected to disappear entirely, because they are too intimately interwoven with the symptoms of the roused psora. Nevertheless, the remedies have to be chosen with a direct view of eradicating the effects of the China from the system. Among those remedies the true antidotes to China are the first to be used.

One of the first remedies against a China cachexia is Belladonna, especially when the following symptoms prevail: extreme sensitiveness and irritability of the nerves, langour of body and soul, excessive sensitiveness to the least noise, and to impressions of any kind received through the senses; tremulous weakness in all the limbs, dilatation of the pupils, dim eyes, which are surrounded with blue margins; bloated, livid countenance, yellow tinge of the whites of the eyes; tearing headache, which returns at regular periods, and affects the nerves very deeply; it is especially felt in the temples, and is reproduced or aggravated by the least noise; great debility and drowsiness, without being able to sleep; or, if sleep should set in,

it is a restless kind of sleep, disturbed with anxious frightful dreams, or by paroxysms of real anguish, or by sudden flushes of heat. The nervous erethism manifests itself particularly by a moaning, anxious and oppressed breathing. An absence of irritability, especially in the muscular fibres of the intestinal canal, as indicated by constipation, is no counter indication for Belladonna. A characteristic indication for Belladonna is the following symptom, when arising from an abuse of China: distention of the abdomen, especially in the region of the transverse colon, which protrudes like a pad, and is very painful.

A second important antidote to China is Ferrum. It is indicated by congestion of the head, distention of the veins, heaviness of the head, and a beating, hammering headache; livid, jaundiced complexion; bloatedness of the face, especially the eyes; pressure in the abdomen and stomach from the least nourishment; tension of the abdomen under the ribs, and especially in the right hypochondrium, causing asthmatic sufferings and anxiety; vomiting of food, want of animal heat, paralytic weakness of the whole body, or of parts of the body.

All these, and the following remedies, may in almost all cases be preceded by a few doses of Ipec. at intervals of two or four hours, or by Arnica, except when well marked and characteristic symptoms should require the immediate exhibition of some other antidote.

Veratrum album antidotes the coldness of body and the cold sweats produced by China, provided all the other symptoms correspond.

Pulsatilla may be given under the following circumstances: the food tastes bitter, the taste is otherwise natural and correct; the fever generally comes on in the evening, and is accompanied with the following symptoms: pale countenance, vertigo, with stupefaction, painfulness and heaviness of the head; painful oppression of the chest, moist cough, vomiting of mucus, diarrhœa, sopor. Arsenic is to be resorted to when the febrile paroxysms are not very violent, when the coldness is less marked than the heat, which is

burning and of long duration, without much sweat, and when other painful symptoms were either present before the paroxysm and are aggravated by it, or supervene during the paroxysm. Scarcely any remedy is more efficient in removing secondary paroxysms of fever than Arsenic, although other medicines may seem to be indicated by the symptoms. The higher potencies of Arsenic are not as efficient as the lower for such purposes; we have found the tincture of Arsenic the most adapted to our use.*

Staphysagria cures fevers which reappear after having been suppressed by Quinine, when the following symptoms occur: the cold stage comes on in the evening, without any subsequent heat, and accompanied with scorbutic symptoms.

Sulphur is indicated when the well-selected remedies do not act, and this want of action manifestly depends upon an excited psora. These fevers generally have an irregular type, are accompanied with great erethism of the circulation, distention of the veins of the hand, slight convulsive jerks in the limbs, all these symptoms appearing mostly at night.

Lachesis has been recommended in China fevers with any type, especially, however, quartan, setting in with twitchings during the chilly stage, and thirst during the heat. Secondary symptoms are: drawing in the back and extremities, loss of appetite, vomiting, hickup, anxiety and uneasiness, as from apprehension of some accident, violent headache, deep breathing, moaning, etc.

Calcarea may be given for the same symptoms as Sulphur, especially when occurring in young, plethoric subjects, children and delicate women.

§ 90. There are other drug-diseases besides those of

* This may be true, and yet I recollect a case of fever which had been treated for four months in succession, in the New-York Hospital, with large doses of Calomel, Quinine, blisters, emetics, and the whole host of allopathic deviltry, without the least benefit to the patient, and which I cured with two doses of Arsenic, 18. The symptoms were: violent chills, with bilious vomiting and tearing in the limbs; burning heat of the skin, burning tongue and mouth, unquenchable thirst, sensation as if fire were coursing through the veins and epigastrium, anguish, horrid hammering in the temples, profuse sweats, debility, etc.—HEMPER.

China. Such diseases may be caused by the abuse of natural and artificial mineral waters, either when used as baths or drinks; by the external as well as the internal use of the mercurial preparations; Opium, Valerian, Digitalis, and others. These artificial diseases can only be removed by the antipsorics. In treating diseases which are complicated by drug symptoms, the physician ought to commence the treatment by antidoting the most prominent of the latter symptoms; to accomplish this, now one, now the other medicine will have to be used, according as the symptoms which require to be antidoted can be manifestly traced to one or the other drug. We shall afterwards recur to the special cases of drug-diseases, and shall then indicate their treatment more in detail.





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